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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H72139** **(9)**

1. Corporation Name
FUEL-TECH, INC.

Principal Place of Business	Mailing Address
2680 NORTH US 1 P.O. BOX 943 MIMS FL 32754 US	P.O. BOX 1059 TITUSVILLE FL 32781-1059 US

2. Principal Place of Business	2a. Mailing Address
21 2680 US 1	26 P.O. BOX 1079
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIMS FL	City & State 28 MIMS FL
Zip / Country 24 32754 / 25 USA	Zip / Country 29 32754 / 30 USA

3. Date Incorporated or Qualified 08/21/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2559805	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

JAMES R FLAGG CPA LL.M.
106 JULIA ST
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name: BURNIE E. WHITTEN
82 Street Address (P.O. Box Number is Not Acceptable): 2680 US 1
83
84 City: MIMS FL 85 Zip Code: 32754

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Burnie E. Whitten Burnie E. Whitten 2-13-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD WHITTEN, BURNIE E. 524 VAUGHN ST TITUSVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTD BURNIE E. WHITTEN 3440 BURKHOLM RD. MIMS, FL 32754	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WHITTEN, LORELLA S. 524 VAUGHN ST TITUSVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD LORELLA S. WHITTEN 3440 BURKHOLM DR. MIMS FL 32754	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BALLARD, MARY L 241 FERN AVE TITUSVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary L Ballard Mary L. Ballard 1-31-97 407-268-2065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #