

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90076 036 ***150.00

05-08-99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P03704

1. Corporation Name
TTI, INC.

Principal Place of Business
2441 NE PKWY
FORT WORTH TX 76106-1896
US

Mailing Address
2441 NE PKWY
FORT WORTH TX 76106-1896
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/16/1984

4. FEI Number
75-1498056

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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	CEPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, PAUL E., JR.	1.2 NAME	
STREET ADDRESS	2441 NE PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76106-1896	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARCY, JOHN F.	2.2 NAME	
STREET ADDRESS	5604-F LAKE VIEW DRIVE NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	2.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, P. E., JR. (MRS)	3.2 NAME	
STREET ADDRESS	2441 NE PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	3.4 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICK M KYPREOS	4.2 NAME	
STREET ADDRESS	6417 MEADOWS WEST DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, GENE	5.2 NAME	
STREET ADDRESS	3508 ELM CREEK CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDEZ, ROBERT	6.2 NAME	
STREET ADDRESS	8904 CRESTRIDGE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Nick M. Kypreos* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-99

(817) 740-9000

Date

Daytime Phone #

CR2E034 (1/98)