

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90057 039 ***150.00

DOCUMENT # P03704

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-1498056**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CEPD ANDREWS, PAUL E., JR.**
 STREET ADDRESS **2441 NE PKWY**
 CITY-ST-ZIP **FORT WORTH TX 76106-1896**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DARCY, JOHN F.**
 STREET ADDRESS **5604-F LAKE VIEW DRIVE NE**
 CITY-ST-ZIP **KIRKLAND WA 98033**

TITLE Change Addition
 NAME **D DARCY, JOHN F.**
 STREET ADDRESS **16441 NE 50TH STREET**
 CITY-ST-ZIP **REDMOND, WA 98052**

TITLE Delete
 NAME **ASD ANDREWS, P. E., JR.(MRS)**
 STREET ADDRESS **2441 NE PKWY**
 CITY-ST-ZIP **FORT WORTH TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TSD NICK M KYPREOS**
 STREET ADDRESS **6417 MEADOWS WEST DRIVE**
 CITY-ST-ZIP **FT. WORTH TX**

TITLE Change Addition
 NAME **TSD KYPREOS, NICK M**
 STREET ADDRESS **6616 CHERRY HILLS DRIVE**
 CITY-ST-ZIP **FORT WORTH, TX 76132**

TITLE Delete
 NAME **D GRAY, GENE**
 STREET ADDRESS **3508 ELM CREEK CT**
 CITY-ST-ZIP **FORT WORTH TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D VALDEZ, ROBERT**
 STREET ADDRESS **8904 CRESTRIDGE DR**
 CITY-ST-ZIP **FORT WORTH TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nick M. Kypreos Nick M. Kypreos 04-19-01 (817) 740-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)