

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P09518 (2)

1. Corporation Name
TETRA TECHNOLOGIES, INC.



Principal Place of Business 25025 I-45 N. STE 600 THE WOODLAND TX 77380 US	Mailing Address P.O. BOX 73087 HOUSTON TX 77273 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/25/1986
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	4. FEI Number 74-2148293
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 FL 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 _____ (NOTE: Registered Agent Signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENTZLER, THOMAS H	1.2 NAME	VOGT, FRED K.
STREET ADDRESS	25025 I-45 NORTH, SUITE 600	1.3 STREET ADDRESS	25025 I-45 NORTH, SUITE 600
CITY-ST-ZIP	THE WOODLANDS TX	1.4 CITY-ST-ZIP	THE WOODLANDS, TX 77380
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, BASS C J	2.2 NAME	WALLACE, BASS C JR.
STREET ADDRESS	25025 I-45 NORTH STE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLANDS TX	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALE, JAMES R	3.2 NAME	SYMENS, RAYMOND D.
STREET ADDRESS	25025 I-45 NORTH, SUITE 600	3.3 STREET ADDRESS	25025 I-45 NORTH, SUITE 600
CITY-ST-ZIP	THE WOODLANDS TX	3.4 CITY-ST-ZIP	THE WOODLANDS, TX 77380
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMBS, PAUL D	4.2 NAME	
STREET ADDRESS	25025 I-45 NORTH, SUITE 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLANDS TX	4.4 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNES, ALLEN T.	5.2 NAME	
STREET ADDRESS	25025 I-45 NORTH, SUITE 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLANDS TX	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTEL, GEOFFREY M.	6.2 NAME	
STREET ADDRESS	25025 I-45 NORTH, SUITE 600	6.3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLANDS 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 my address.

SIGNATURE: _____ JAMES R. HALE 4/28/98 (281) 367-1983

CR2E034 (10/97)