


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P09518
 1. Entity Name
TETRA TECHNOLOGIES, INC.



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

DO NOT WRITE IN THIS SPACE



05262004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
74-2148293 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COBB, BRUCE A 25025 I-45 NORTH, STE 600 THE WOODLANDS, TX 77380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLACE, BASS C JR 25025 I-45 NORTH STE 600 THE WOODLANDS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SYMENS, RAYMOND D 25025 I-45 NORTH, STE 600 THE WOODLANDS, TX 77380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOMBS, PAUL D 25025 I-45 NORTH, SUITE 600 THE WOODLANDS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERTEL, GEOFFREY M. 25025 I-45 NORTH, SUITE 600 THE WOODLANDS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, KENNETH 2410 GOLDEN POND HUMBLE, TX 77345

U00000162143
 06/04/04-80003-013 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/26/04 (281)367-1983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #