


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P09518
1. Entity 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



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-2148293 Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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03/29/05-80011-016 150.00

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: Bruce A. Cobb Date: 3/18/05 Daytime Phone #: (281) 367-1983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR