


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**


04-21-2008 90105 009 \*\*\*150.00

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



Principal Place of Business      Mailing Address  
**25025 I-45 N**                              **25025 I-45 N**  
**STE 600**                                      **STE 600**  
**THE WOODLANDS, TX 77380 US**      **THE WOODLANDS, TX 77380 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
 City & State                                      City & State  
 Zip                                      Country                                      Zip                                      Country



03112008      Chg-P      CR2E034 (12/06)  
 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**

7. Name and Address of New Registered Agent  
 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. 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, 2008 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	<input type="checkbox"/> Delete
NAME	COBB, BRUCE A	
STREET ADDRESS	25025 I-45 NORTH, STE 600	
CITY-ST-ZIP	THE WOODLANDS, TX 77380	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALLACE, BASS C JR	
STREET ADDRESS	25025 I-45 NORTH STE 600	
CITY-ST-ZIP	THE WOODLANDS, TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	SYMENS, RAYMOND D	
STREET ADDRESS	25025 I-45 NORTH, STE 600	
CITY-ST-ZIP	THE WOODLANDS, TX 77380	
TITLE	<del>VD</del>	<input type="checkbox"/> Delete
NAME	COOMBS, PAUL D	
STREET ADDRESS	25025 I-45 NORTH, SUITE 600	
CITY-ST-ZIP	THE WOODLANDS, TX	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERTEL, GEOFFREY M.	
STREET ADDRESS	25025 I-45 NORTH, SUITE 600	
CITY-ST-ZIP	THE WOODLANDS, TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, KENNETH	
STREET ADDRESS	2410 GOLDEN POND	
CITY-ST-ZIP	KINGWOOD, TX 77345	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**      3-11-08      (281) 367-1983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #