


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

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90060 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P14220 ✓  
 1. Corporation Name  
**TRI-GAS, Inc.**

Principal Place of Business	Mailing Address
161 CORPORATE Center 6225 N. ST. HWY 161 Suite #200 IRVING TX 75038	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 4/29/87

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number	Applied For
74-2460354	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DAVID Andrew  
 8085 NW 90 ST  
 MEDLEY FL 33166

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	See ATTACHED <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE: *Donald G. Ramlow* Donald G. Ramlow 6/3/99 973-257-1100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

Tri-Gas, Inc.  
Listing of Officers and Directors

212031-1000-1  
P14220

Name: Mr. T. Nonoyama  
Title: Chairman  
Business address: 1-16-7 Nishi-Shinbashi  
Minato-ku, Tokyo 105-8442, Japan  
Residential address: Unknown  
Social Security number: Non U.S. Citizen

Name: Mr. A. Asaoka  
Title: Vice Chairman  
Business address: 959 Route 46 East  
Parsippany, NJ 07054  
Residential address: 1265 15<sup>th</sup> Street, Apt.15A  
Fort Lee, NJ 07024  
Social Security number: 138-76-0205

Name: Mr. D. Ramlow  
Title: CEO  
Business address: 959 Route 46 East  
Parsippany, NJ 07054  
Residential address: 3115 Gates Courts  
Morris Plains, NJ 07950  
Social Security number: 355-38-6601

Name: Mr. M. Arashi  
Title: Director  
Business address: 1-16-7 Nishi-Shinbashi  
Minato-ku, Tokyo 105-8442, Japan  
Residential address: Unknown  
Social Security number: 361-92-3839

Name: Mr. Y. Iio  
Title: Director  
Business address: 1-16-7 Nishi-Shinbashi  
Minato-ku, Tokyo 105-8442, Japan  
Residential address: Unknown  
Social Security number: Non U.S. Citizen

Name: Mr. H. Kobayashi  
Title: Secretary  
Business address: 161 Corporate Center  
6225 N. State Highway, Suite 200  
Irving, TX 75063  
Residential address: 1158 Hidden Ridge Dr., Apt 1313  
Irving, TX 75038  
Social Security number: 645-60-7880