

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90020 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17924

1. Corporation Name
TENNECO, INC.

Principal Place of Business 8401 NEW TRAILS DRIVE ATTN TAX DEPT THE WOODLANDS TX 77381 US	Mailing Address P.O. BOX 4100 ATTN TAX DEPT THE WOODLANDS TX 77387-4100 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/05/1988	
4. FEI Number 74-1483224	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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	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

TITLE	PC	<input type="checkbox"/> DELETE
NAME	MCCOLLUM, MARK A	
STREET ADDRESS	314 RICHFIELD RD	
CITY-ST-ZIP	WILTON CT	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	STEWART, KARL A.	
STREET ADDRESS	107 PERKINS ROAD	
CITY-ST-ZIP	GREENWICH CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GAUGHAN, JAMES D	
STREET ADDRESS	143 OLD STAMFORD ROAD	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	OSAR, KAREN R.	
STREET ADDRESS	70 AVIEMORE DRIVE	
CITY-ST-ZIP	NEW ROCHELLE NY	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	SIMPSON, ROBERT G	
STREET ADDRESS	5627 PALISADE FALLS	
CITY-ST-ZIP	KINGWOOD TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NEECE, BERT F	
STREET ADDRESS	5907 ROCKY BROOK	
CITY-ST-ZIP	KINGWOOD TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK A. MCCOLLUM	
1.3 STREET ADDRESS	411 SOUTH COUNTY LINE ROAD	
1.4 CITY-ST-ZIP	HINSDALE, IL 60521	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAUL D. NOVAS	
5.3 STREET ADDRESS	53 CANOE HILL RD.	
5.4 CITY-ST-ZIP	NEW CANAAN, CT 06840	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Bert F. Neece* BERT F. NEECE APR 12 1999 281/539-6961

DATE: _____ DAYTIME PHONE: _____

CR2E034 (1/98)



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D017924

TENNECO INC. (A NEVADA CORPORATION)
Corporate Street Address: 8401 New Trails Drive, The Woodlands, TX 77381
Corporate Mailing Address: P. O. Box 4100, The Woodlands, TX 77387-4100

All Directors' & Officers' business addresses are the same as corporate street and mailing addresses

DIRECTORS

Name
Mark A. McCollum

Address

411 South County Line Road, Hinsdale, IL 60521

Social Security #

456-08-2599

OFFICERS

Name

Position

Address

Mark A. McCollum
Karen R. Osar
Karl A. Stewart
James D. Gaughan
Bert F. Neece
Paul D. Novas

President and Controller
Vice President and Treasurer
Vice President and Secretary
Assistant Secretary
Assistant Secretary
Assistant Treasurer

411 South County Line Road, Hinsdale, IL 60521
70 Aviemore Drive, New Rochelle, NY 10804
107 Perkins Road, Greenwich, CT 06830
143 Old Stamford Road, New Canaan, CT 06840
5307 Rocky Brook, Kingwood, TX 77345
53 Canoe Hill Road, New Canaan, CT 06840

456-08-2599
018-44-3922
450-68-4329
460-92-7783
327-40-9245
001-58-2742