

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # P26221 (2)

1. Corporation Name
TETKO INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 333 SOUTH HIGHLAND AVE. BRIARCLIFF MANOR NY 10510 US	Mailing Address 333 SOUTH HIGHLAND AVE. BRIARCLIFF MANOR NY 10510 US
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

3. Date Incorporated or Qualified
09/28/1989

2. Principal Place of Business 21	2a. Mailing Address 26
--------------------------------------	---------------------------

4. FEI Number 13-5438420	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
---------------------------	---------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--------------------------------------------------------------	---------------------------------------

City & State 23	City & State 28
--------------------	--------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
------------------------------------------------------------------------------------	------------------------------------

Zip 24	Country 25	Zip 29	Country 30
-----------	---------------	-----------	---------------

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, HANS P.	1.2 NAME	
STREET ADDRESS	333 S. HIGHLAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHAUS, PETER E	2.2 NAME	
STREET ADDRESS	333 S. HIGHLAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAGHAN, PATRICK J.	3.2 NAME	
STREET ADDRESS	333 S. HIGHLAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GARY W.	4.2 NAME	
STREET ADDRESS	333 S. HIGHLAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAIT, CHARLES	5.2 NAME	
STREET ADDRESS	333 S HIGHLAND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTES, RICHARD	6.2 NAME	
STREET ADDRESS	333 S. HIGHLAND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	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.

SIGNATURE: _____ **SIGNATURE REQUIRED**

CR2E084 (10/97)