

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

**FILED**  
**Jul 29 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 # P31083 (9)  
 1. Corporation Name  
**CCTC INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
 1208 N. POST OAK BLVD STE 180 HOUSTON TX 77055 US  
 1750 CLINT MOORE RD P.O. BOX 5035 BOCA RATON FL 33431-7383 US



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 Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
 09/26/1990  
 4. FEI Number Applied For  
 22-3009849 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYES ST.  
 STE. 105  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
 81 Name **CT CORPORATION SYSTEM**  
 82 Street Address (P.O. Box Number if Not Acceptable)  
 1200 South Pine Island Road  
 83  
 84 City **Plantation** FL 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 605, Florida Statutes.  
 SIGNATURE *Barbara A. Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY DATE **6/25/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BECK, JAN S	
STREET ADDRESS	1750 CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OLBERT, ANN M.	
STREET ADDRESS	1750 CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, STEVEN J	
STREET ADDRESS	1750 CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	RAYMOND, ANDRE	
STREET ADDRESS	2175 AUTOROUTE DES LAURE	
CITY-ST-ZIP	NTIDES, LAVAL, QUEBEC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John J. Guarneri	
1.3 STREET ADDRESS	One TYCO PARK	
1.4 CITY-ST-ZIP	Exeter, NH 03833	
2.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael A. ROBINSON	
2.3 STREET ADDRESS	1750 Clint Moore Road	
2.4 CITY-ST-ZIP	Boca Raton, FL 33487	
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JERRY R. BOGESS	
3.3 STREET ADDRESS	1750 Clint Moore Road	
3.4 CITY-ST-ZIP	Boca Raton, FL 33487	
4.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scott Stevenson	
4.3 STREET ADDRESS	One TYCO PARK	
4.4 CITY-ST-ZIP	Exeter, NH 03833	
5.1 TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P. GRAY FINNEY	
5.3 STREET ADDRESS	1750 Clint Moore Road	
5.4 CITY-ST-ZIP	Boca Raton, FL 33487	
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.

SIGNATURE: *P. Gray Finney* **P. GRAY FINNEY** DATE: **7/29/98**

CR2E034 (10/97)

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\*\*\*150.00