


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002786

1. Entity Name
TESSENDERLO KERLEY, INC.



Principal Place of Business 2255 N. 44TH STREET SUITE 300 PHOENIX, AZ 85008-3279	Mailing Address 2255 N. 44TH STREET SUITE 300 PHOENIX, AZ 85008-3279
--	--



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0566930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BURNS, JORDAN 2255 N 44TH ST #300 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, J. 2255 N 44TH ST #300 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS TRYON, L.L. 2255 N 44TH ST #300 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBINSKI, N 2255 N 44TH ST #300 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHAND, G. 2255 N 44TH ST #300 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000031019
 02/04/04-80133-011 150.00

12. 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 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: *James Tryon* LARRY TRYON 1/14/04 602-869-8389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #