


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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90020 034 ***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 # F96000002786

1. Corporation Name
TESSENDERLO KERLEY, INC.

Principal Place of Business 2801 W. OSBORN RD. PHOENIX AZ 85017	Mailing Address 2801 W. OSBORN RD. PHOENIX AZ 85017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2255 N. 44th ST. Suite, Apt: #, etc.	2a. Mailing Address 26 2255 N. 44th ST Suite, Apt: #, etc.
22 # 300	27 # 300
23 Phoenix AZ	28 Phoenix AZ
24 85008-3279 25 USA	29 85008-3279 30 USA

3. Date Incorporated or Qualified 06/04/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 86-0566930	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	CEOD	<input type="checkbox"/> DELETE
NAME	LEDERER, L.	
STREET ADDRESS	2801 W. OSBORN RD.	
CITY-ST-ZIP	PHOENIX AZ 85017	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURNS, J.	
STREET ADDRESS	2801 W. OSBORN RD.	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	TRYON, L.L.	
STREET ADDRESS	2801 W. OSBORN RD.	
CITY-ST-ZIP	PHOENIX AZ 85017	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DE GUERTCHIN, B.L.	
STREET ADDRESS	2801 W. OSBORN RD.	
CITY-ST-ZIP	PHOENIX AZ 85017	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCHAND, G.	
STREET ADDRESS	2801 W. OSBORN RD.	
CITY-ST-ZIP	PHOENIX AZ 85017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: [Signature] **REQUIRED** Date: 3/25/99 Daytime Phone #: 602-528-0600

CR2E034 (1.1/98)