

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90059 040 ***550.00

DOCUMENT # 805300

1. Entity Name
PM AG PRODUCTS INCORPORATED

Principal Place of Business

17475 JOVANNA
 HOMEWOOD IL 60430

Mailing Address

17475 JOVANNA
 HOMEWOOD IL 60430

00001001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o AE STALEY MFG CO - TAX DEPT
 Suite, Apt. #, etc.
2200 E. ELDORADO STREET

3. Mailing Address

c/o AE STALEY MFG CO - TAX DEPT
 Suite, Apt. #, etc.
2200 E. ELDORADO STREET

City & State
DECATUR IL

City & State
DECATUR IL

4. FEI Number **94-1189758**

Applied For
 Not Applicable

Zip
62525-1578

Country
USA

Zip
62525-1578

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIELINSKI, LAURA 17475 JOVANNA HOMEWOOD IL 60430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAMAN, W. L. 17475 JOVANNA HOMEWOOD IL 60430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, M.A. 17475 JOVANNA HOMEWOOD IL 60430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HOYT, M J 2200 E. ELDORADO ST. DECATUR IL 62525	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COFFEY, R.L. 5264 COUNCIL STREET NE CEDAR RAPIDS IA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CURRY, CHARLES A. 2200 E ELDORADO ST DECATUR, IL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR J. H. W. WALKER SUGAR QUAY, LOWER THAMES STREET LONDON, EC3R 6 DQ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: **M. HOYT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/17/2000
 Date

217-423-4411
 Daytime Phone #

CR2E034 (5/00)