2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 MAY 28 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0019947 AB

DOCUMENT # B96000000118

1. Entity Name

PCS NITROGEN FERTILIZER, L.P.

Principal Place of Business	Mailing Address
1101 SKOKIE BOULEVARD. STE. 400 NORTHBROOK IL 60062	1101 SKOKIE BOULEVARD. STE. 400 NORTHBROOK IL 60062

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 62-1620751 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
~~1200 SOUTH 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	0	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000002359	STREET ADDRESS	
NAME	PCS NITROGEN FERTILIZER OPERATIONS, INC.		
STREET ADDRESS	1101 SKOKIE BOULEVARD, STE. 400	CITY-ST-ZIP	
CITY-ST-ZIP	NORTHBROOK IL 60062		
DOCUMENT #		STREET ADDRESS	
NAME			
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CR2E003 (9/01)

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Robert A. Kirkpatrick Asst. Secretary 4/23/02 847-849-4270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #