## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000007508

Entity Name: THE MOSAIC COMPANY OF DELAWARE

FILED Apr 06, 2006 Secretary of State

| Current Principal Place of Business:   |  |                              |         | New Principal Place of Business:                         |   |                |                    |
|--|--|------------------------------|---------|--|---|----------------|--------------------|
| ATRIA CORPORATE CENTER-SUITE E490<br>3033 CAMPUS DRIVE<br>PLYMOUTH, MN 55441   |  |                              |         | 3033 CAMPUS DRIVE<br>SUITE E490<br>PLYMOUTH, MN 55441 US |   |                |                    |
| Current Mailing Address:   |  |                              |         | New Mailing Address:                                     |   |                |                    |
| ATRIA CORPORATE CENTER-SUITE E490<br>3033 CAMPUS DRIVE<br>PLYMOUTH, MN 55441   |  |                              |         | 3033 CAMPUS DRIVE<br>SUITE E490<br>PLYMOUTH, MN 55441 US |   |                |                    |
| FEI Number:  | 20-0891589   | FEI Number Applied For ( )   | FEI Nun | nber Not Appli   | cable ( )   | Certificate of | Status Desired ( ) |
| Name and Address of Current Registered Agent:  |  |                              |         | Name and Address of New Registered Agent:                |   |                |                    |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  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. |  |                              |         |  |   |                |                    |
| SIGNATUR   |  |                              |         |  |   |                |                    |
| Electronic Signature of Registered Agent   |  |                              |         |  |   | Date           |                    |
| Election Carr  |  | Trust Fund Contribution ( ). |         |  |   |                |                    |
| OFFICERS AND DIRECTORS:  |  |                              |         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:             |   |                |                    |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | CEOP ( ) [<br>CORRIGAN, FRE<br>3033 CAMUS DR<br>PLYMOUTH, MN | IVE                          |         | Title:<br>Name:<br>Address:<br>City-St-Zip:              | ( )   | Change ( ) Ado | dition             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | COB () E<br>LUMPKINS, ROB<br>3033 CAMUS DR<br>PLYMOUTH, MN   | IIVE                         |         | Title:<br>Name:<br>Address:<br>City-St-Zip:              | VP (X)<br>MCCLUSKEY, E<br>3033 CAMUS DE<br>PLYMOUTH, MN | RIVE           | dition             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | EVP () [<br>THOMPSON, JAN<br>3033 CAMUS DR<br>PLYMOUTH, MN   | IVE                          |         | Title:<br>Name:<br>Address:<br>City-St-Zip:              | ( )   | Change ( ) Add | dition             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | SVP () [<br>MACK, RICHARE<br>3033 CAMUS DR<br>PLYMOUTH, MN   | ) L<br>IIVE                  |         | Title:<br>Name:<br>Address:<br>City-St-Zip:              | ( )   | Change ( ) Ado | dition             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | SVP () [<br>PINNEY, STEVER<br>3033 CAMUS DR<br>PLYMOUTH, MN  | IIVE                         |         | Title:<br>Name:<br>Address:<br>City-St-Zip:              | VP (X)<br>PENCE, ROBER<br>3033 CAMUS DE<br>PLYMOUTH, MN | RIVE           | dition             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  |  |                              |         | Title:<br>Name:<br>Address:<br>City-St-Zip:              | ( )   | Change ()Ado   | dition             |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE M. MCCLUSKEY

VP

04/06/2006

Electronic Signature of Signing Officer or Director

Date