

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001668

FILED
Apr 28, 2011
Secretary of State

Entity Name: WHITE SPRINGS AGRICULTURAL CHEMICALS, INC.

Current Principal Place of Business:

1101 SKOKIE BLVD
SUITE 400
NORTHBROOK, IL 60062 US

New Principal Place of Business:

Current Mailing Address:

1101 SKOKIE BLVD
SUITE 400
NORTHBROOK, IL 60062 US

New Mailing Address:

FEI Number: 95-4471376 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC
Name: DOYLE, WILLIAM J
Address: 1101 SKOKIE BLVD, SUITE 400
City-St-Zip: NORTHBROOK, IL 60062

Title: DVPS
Name: PODWIKA, JOSEPH A
Address: 1101 SKOKIE BLVD, SUITE 400
City-St-Zip: NORTHBROOK, IL 60062

Title: AS
Name: TORAIN, KARIN S
Address: 1101 SKOKIE BLVD STE 400
City-St-Zip: NORTHBROOK, IL 60062

Title: DP
Name: HEIMANN, BRENT
Address: 1101 SKOKIE BLVD STE 400
City-St-Zip: NORTHBROOK, IL 60062 US

Title: VPHR
Name: KNAFELC, LEE
Address: 500, 122 FIRST AVENUE SOUTH
City-St-Zip: SASKATCHEWAN, SK S7K7G3

Title: D/CC
Name: O'BRIEN, LARRY
Address: 1101 SKOKIE BLVD STE 400
City-St-Zip: NORTHBROOK, IL 60062 US

I hereby 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 all other like empowered.

SIGNATURE: KARIN S. TORAIN

AS

04/28/2011

Electronic Signature of Signing Officer or Director

_____ Date