

*Amended*

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94W0000 1668**  
 1. Entity Name  
**White Springs Agricultural Chemicals, Inc.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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**800009054328**  
 11/18/02--01097--009 \*\*61:25

2. Principal Place of Business  
**1101 Skokie Boulevard**  
 Suite, Apt. #, etc.  
**400**  
 City & State  
**Northbrook, Illinois**  
 Zip  
**60062** Country  
**USA**

3. Mailing Address  
**1101 Skokie Boulevard**  
 Suite, Apt. #, etc.  
**400**  
 City & State  
**Northbrook, Illinois**  
 Zip  
**60062** Country  
**USA**

4. FEI Number  
**95-4471376** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent  
 Name  
**CT Corporation System**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
 City  
**Plantation** FL **33324**

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.  
**PETER F. SOUZA**  
**ASSISTANT SECRETARY**  
 SIGNATURE *[Signature]* DATE **12/30/02**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See Criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**(Amended UBR is \$61.25)**  
**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			
TITLE	C&D	TITLE	
NAME	William J. Doyle	NAME	
STREET ADDRESS	1101 Skokie Boulevard, Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Northbrook, Illinois 60062	CITY-ST-ZIP	
TITLE	P & D	TITLE	
NAME	Tom Regan	NAME	
STREET ADDRESS	1101 Skokie Boulevard, Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Northbrook, Illinois 60062	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Andy Strang	NAME	
STREET ADDRESS	1101 Skokie Boulevard, Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Northbrook, Illinois 60062	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Barbara Jane Irwin	NAME	
STREET ADDRESS	1101 Skokie Boulevard, Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Northbrook, Illinois 60062	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	James Heppel	NAME	
STREET ADDRESS	1101 Skokie Boulevard, Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Northbrook, Illinois 60062	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	Joseph Podwika	NAME	
STREET ADDRESS	1101 Skokie Boulevard, Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Northbrook, Illinois 60062	CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.  
 SIGNATURE: *[Signature]* **Joseph Podwika, Asst. Secretary November 11, 2002** (847) 849-4270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)