

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 13 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005836 (9)**
 1. Corporation Name
DARLING INTERNATIONAL INC.



Principal Place of Business 251 O'CONNOR RIDGE BOULEVARD SUITE 300 IRVING TX 75038	Mailing Address 251 O'CONNOR RIDGE BOULEVARD SUITE 300 IRVING TX 75038
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 36-2495346
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE CD	NAME LONGMIRE, DENNIS B	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 251 O'CONNOR RIDGE BOULEVARD, SUITE 300	CITY-ST-ZIP IRVING TX 75038	1.2 NAME
TITLE CFOS	NAME WITT, JOHN R	1.3 STREET ADDRESS
STREET ADDRESS 251 O'CONNOR RIDGE BOULEVARD, SUITE 300	CITY-ST-ZIP IRVING TX 75038	1.4 CITY-ST-ZIP
TITLE V	NAME LEVY, MARK	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 251 O'CONNOR RIDGE BOULEVARD, SUITE 300	CITY-ST-ZIP IRVING TX	2.2 NAME
TITLE V	NAME COALSON, JAMES A	2.3 STREET ADDRESS
STREET ADDRESS 251 O'CONNOR RIDGE BOULEVARD, SUITE 300	CITY-ST-ZIP IRVING TX 75038	2.4 CITY-ST-ZIP
TITLE V	NAME MCMURTRY, WILLIAM R	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 251 O'CONNOR RIDGE BOULEVARD, SUITE 300	CITY-ST-ZIP IRVING TX 75038	3.2 NAME
TITLE T	NAME PHILLIPS, BRAD	3.3 STREET ADDRESS
STREET ADDRESS 251 O'CONNOR RIDGE BOULEVARD, SUITE 300	CITY-ST-ZIP IRVING TX	3.4 CITY-ST-ZIP
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME
		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2.1 TITLE Change Addition
CFO
John Muse

2.2 NAME
John Muse

2.3 STREET ADDRESS
251 O'connor Ridge Blvd., Suite 300

2.4 CITY-ST-ZIP
Irving, TX 75038

6.1 TITLE Change Addition
Asst. Secretary

6.2 NAME
M.A. Reed

6.3 STREET ADDRESS
251 O'connor Ridge Blvd., Suite 300

6.4 CITY-ST-ZIP
Irving, TX 75038

14. I hereby certify that the information supplied with this filing does not qualify for the exception stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M.A. Reed* 8/08/98 972-717-0300

CR2E034 (5/98)