

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jun 04, 1999 8:00 am**  
**Secretary of State**

06-04-1999 90010 003 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **F96000005836**  
 1. Corporation Name  
**DARLING INTERNATIONAL INC.**

Principal Place of Business Mailing Address  
**251 O'Lawor Ridge Blvd.**  
**#300**  
**Irving, TX 75038**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/7/96</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>36-2495346</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent <b>CT CORPORATION</b> <b>1200 S. Pine Island Rd.</b> <b>PLANTATION, FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
---	---

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>Dennis Longmire</b>		1.2 NAME	
STREET ADDRESS <b>251 O'Lawor Ridge Blvd, #300</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>Irving, TX 75038</b>		1.4 CITY - ST - ZIP	
TITLE <b>CFO</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>John Muse</b>		2.2 NAME	
STREET ADDRESS <b>251 O'Lawor Ridge Blvd, #300</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>Irving, TX 75038</b>		2.4 CITY - ST - ZIP	
TITLE <b>MARK LEVY</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME <b>MITCHELL KILANOWSKI</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>251 O'Lawor Ridge Blvd, #300</b>	
CITY - ST - ZIP		3.4 CITY - ST - ZIP <b>Irving, TX 75038</b>	
TITLE <b>JAMES COALSON</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME <b>NEIL KATCHEN</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>251 O'Lawor Ridge Blvd, #300</b>	
CITY - ST - ZIP		4.4 CITY - ST - ZIP <b>Irving, TX 75038</b>	
TITLE <b>William McMurtry</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS <b>251 O'Lawor Ridge Blvd, #300</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>Irving, TX 75038</b>		5.4 CITY - ST - ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BRAD PHILLIPS</b>		6.2 NAME	
STREET ADDRESS <b>251 O'Lawor Ridge Blvd, #300</b>		6.3 STREET ADDRESS	
CITY - ST - ZIP <b>Irving, TX 75038</b>		6.4 CITY - ST - ZIP	

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 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, with all other like empowered.

SIGNATURE: M.A. REED M.A. REED ASST. SEC. 5/21/99 (922) 717-0300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/96)