


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000005836**

1. Entity 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**



04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-2495346** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE**  
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MUSE, JOHN 251 O'CONNOR RIDGE BLVD STE 300 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KILANOWSKI, MITCHELL 251 O'CONNOR RIDGE BOULEVARD, SUITE 300 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATCHEN, NEIL 251 O'CONNOR RIDGE BOULEVARD, SUITE 300 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMURTRY, WILLIAM R 251 O'CONNOR RIDGE BOULEVARD, SUITE 300 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, BRAD 251 O'CONNOR RIDGE BOULEVARD, SUITE 300 IRVING, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINERMAN, ROBERT 251 O'CONNOR RIDGE BLVD STE 300 IRVING, TX 75038

U00000529352  
 05/05/06-80072-025 150.00

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **972-717-0300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #