

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F30946

Entity Name: MARMAN (NUFARM) INC.**Current Principal Place of Business:**11901 S. AUSTIN AVE.
ALSIP, IL 60803**Current Mailing Address:**11901 S. AUSTIN AVE.
ALSIP, IL 60803 US**FEI Number:** 59-2110843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name DECK, BRENDAN
Address 11901 S. AUSTIN AVE.
City-State-Zip: ALSIP IL 60803

Title SECRETARY
Name ROBISON, BILL
Address 11901 S. AUSTIN AVE.
City-State-Zip: ALSIP IL 60803

Title TREASURER / CFO
Name PANG, CAROL
Address 11901 S. AUSTIN AVE.
City-State-Zip: ALSIP IL 60803

Title DIRECTOR
Name HUNT, GREG
Address 11901 S. AUSTIN AVE.
City-State-Zip: ALSIP IL 60803

Title DIRECTOR
Name BINFIELD, PAUL
Address 11901 S. AUSTIN AVE.
City-State-Zip: ALSIP IL 60803

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: BRENDAN DECK

PRESIDENT / CEO

04/04/2016

Electronic Signature of Signing Officer/Director Detail_____
Date