

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20660

**Entity Name:** SEMINOLE FERTILIZER CORPORATION

**Current Principal Place of Business:**

925 NORTH ELDRIDGE PARKWAY  
HOUSTON, TX 77079

**Current Mailing Address:**

CONOCOPHILLIPS SHIPPING & RECEIVING CENTER  
16930 PARK ROW DRIVE  
HOUSTON, TX 77084 US

**FEI Number:** 13-3482705

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           TREASURER, DIRECTOR  
Name           O'BRIEN, ANDREW M.  
Address        925 NORTH ELDRIDGE PARKWAY  
City-State-Zip: HOUSTON TX 77079

Title           SECRETARY  
Name           KINNEY, SHANNON B.  
Address        925 NORTH ELDRIDGE PARKWAY  
City-State-Zip: HOUSTON TX 77079

Title           ASST. SECRETARY  
Name           CARTER, STACEY A.  
Address        925 NORTH ELDRIDGE PARKWAY  
City-State-Zip: HOUSTON TX 77079

Title           PRESIDENT, DIRECTOR  
Name           BORGH, WILLIAM J.  
Address        925 NORTH ELDRIDGE PARKWAY  
City-State-Zip: HOUSTON TX 77079

Title           DIRECTOR  
Name           DELK, CHRISTOPHER P.  
Address        925 NORTH ELDRIDGE PARKWAY  
City-State-Zip: HOUSTON TX 77079

*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:** STACEY A. CARTER

**ASSISTANT SECRETARY    04/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date