

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90264 012 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> 805300 1. Entity Name
PM AG PRODUCTS INCORPORATED

Principal Place of Business C/O AE STALEY MFG CO. ATTN: TAX DEPARTMENT 2200 E. ELDORADO ST. DECATUR IL 62525-1578	Mailing Address C/O AE STALEY MFG CO. ATTN: TAX DEPARTMENT 2200 E. ELDORADO ST. DECATUR IL 62525-1578
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2. Principal Place of Business C/O AE STALEY-TAX DEPT	3. Mailing Address C/O AE STALEY-TAX DEPT
Suite, Apt. #, etc. 2200 E. ELDORADO ST.	Suite, Apt. #, etc. 2200 E. ELDORADO ST.

City & State DECATUR IL	City & State DECATUR IL	4. FEI Number 94-1189758	Applied For Not Applicable
Zip 62525-1578	Country USA	Zip 62525-1578	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/DIRECTOR <input type="checkbox"/> Delete M. A. REED 17475 JOVANNA DRIVE HOMEWOOD, IL 60430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY <input type="checkbox"/> Delete L.E. ZIELINSKI 17475 JOVANNA DRIVE HOMEWOOD, IL 60430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST TREASURER <input type="checkbox"/> Delete M. J. HOYT 2200 E. ELDORADO ST DECATUR IL 62525-1578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> Delete J. H. W. WALKER SUGAR QUAY, LOWER THAMES ST LONDON, EC3R 6 DQ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PLEASE NOTE THAT WE <input type="checkbox"/> Change <input type="checkbox"/> Addition DID NOT RECEIVE AN ANNUAL REPORT FORM FROM THE STATE OF FLORIDA.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WE REQUESTED THAT A <input type="checkbox"/> Change <input type="checkbox"/> Addition FORM BE SENT TO US FROM THE STATE OF FLORIDA BUT WE DID NOT RECEIVE.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS THE ANNUAL REPORT <input type="checkbox"/> Change <input type="checkbox"/> Addition WAS COMING DUE WE ARE SUBMITTING OUR REPORT ON THIS FORM.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PLEASE SEND ALL <input type="checkbox"/> Change <input type="checkbox"/> Addition FUTURE FORMS TO THE DEPARTMENT AND ADDRESS NOTED ABOVE.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or of an attachment with an address, with all other like empowered.

**SIGNATURE:**  M. J. HOYT, ASST TREAS 04/25/01 217-423-4411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)