

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **840069** (9)
1. Corporation Name
RIVERSIDE/TERRA CORPORATION



Principal Place of Business
**600 4TH ST
BOX 6000
SIOUX CITY IA 51102-6000
US**

Mailing Address
**600 FOURTH STREET
SIOUX CITY.. IOWA 51101**

3. Date Incorporated or Qualified **02/22/1978** 3a. Date of Last Report **05/01/1995**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE _____
Signature of person who has been appointed agent and the corporation Date Registered Agent submitted original statement

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | V | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOYCE, BURTON M. | 1.2 NAME | |
| STREET ADDRESS | 600 FOURTH STREET | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | SIOUX CITY, IA 00000 | 1.4 CITY- ST- ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKENZIE, CHARLES O. | 2.2 NAME | |
| STREET ADDRESS | 600 FOURTH STREET | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | SIOUX CITY, IA 00000 | 2.4 CITY- ST- ZIP | |
| TITLE | TAS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEYER, FRANCIS G. | 3.2 NAME | |
| STREET ADDRESS | 600 FOURTH STREET | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | SIOUX CITY, IA 00000 | 3.4 CITY- ST- ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICE, JANE A. | 4.2 NAME | |
| STREET ADDRESS | 600 FOURTH STREET | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | SIOUX CITY, IA 00000 | 4.4 CITY- ST- ZIP | |
| TITLE | VP | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KALAFUT, MARK A | 5.2 NAME | |
| STREET ADDRESS | 600 4TH ST | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | SIOUX CI | 5.4 CITY- ST- ZIP | |
| TITLE | P | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENNETT, MICHAEL | 6.2 NAME | |
| STREET ADDRESS | 600 4TH ST | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | SIOUX CITY IA | 6.4 CITY- ST- ZIP | |

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Handwritten initials

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

429-96 712/277-1340

CR2E034 (12/95)