

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 24 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840069 (9)
 1. Corporation Name
RIVERSIDE/TERRA CORPORATION



Principal Place of Business 600-4TH ST BOX 6000 SIOUX CITY IO 51102-6000 US	Mailing Address 600 FOURTH STREET SIOUX CITY.. IOWA 51101
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1978		3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE V	<input type="checkbox"/> DELETE	1.1 TITLE Director	<input checked="" 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	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input checked="" 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	<input type="checkbox"/> DELETE	3.1 TITLE Vice President	<input checked="" 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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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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 ***750.00

14. I do 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 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 on an attachment with an address.

SIGNATURE: *[Signature]* 9/17/97 712-277-1340

CR2E034 (4/97)