

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	
DOCUMENT # 840069 (9)			
1. Corporation Name RIVERSIDE/TERRA CORPORATION			
Principal Place of Business 800-4TH ST BOX 8000 SIOUX CITY IO 51102-8000 US		Mailing Address 600 FOURTH STREET SIOUX CITY, IOWA 51101	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Country 25		Country 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 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	
NAME JOYCE, BURTON M.		1.1 TITLE Director	
STREET ADDRESS 800 FOURTH STREET		1.2 NAME	
CITY-ST-ZIP SIOUX CITY, IA 00000		1.3 STREET ADDRESS	
TITLE VD		<input type="checkbox"/> DELETE	
NAME MCKENZIE, CHARLES O.		2.1 TITLE Vice President	
STREET ADDRESS 600 FOURTH STREET		2.2 NAME	
CITY-ST-ZIP SIOUX CITY, IA 00000		2.3 STREET ADDRESS	
TITLE TAS		<input type="checkbox"/> DELETE	
NAME MEYER, FRANCIS G.		3.1 TITLE Vice President	
STREET ADDRESS 600 FOURTH STREET		3.2 NAME	
CITY-ST-ZIP SIOUX CITY, IA 00000		3.3 STREET ADDRESS	
TITLE S		<input type="checkbox"/> DELETE	
NAME RICE, JANE A.		4.1 TITLE	
STREET ADDRESS 600 FOURTH STREET		4.2 NAME	
CITY-ST-ZIP SIOUX CITY, IA 00000		4.3 STREET ADDRESS	
TITLE VP		<input type="checkbox"/> DELETE	
NAME KALAFUT, MARK A		5.1 TITLE	
STREET ADDRESS 600 4TH ST		5.2 NAME	
CITY-ST-ZIP SIOUX CI		5.3 STREET ADDRESS	
TITLE P		<input type="checkbox"/> DELETE	
NAME BENNETT, MICHAEL		6.1 TITLE	
STREET ADDRESS 600 4TH ST		6.2 NAME	
CITY-ST-ZIP SIOUX CITY IA		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/22/1978

3a. Date of Last Report
05/01/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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: X

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 800 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**

CR2E034 (4/97)

9/17/97 712-277-1340