

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90145 019 ****61.25

DOCUMENT # 848380

1. Entity Name

THE IAMS COMPANY

Principal Place of Business

Mailing Address

**THE IAMS COMPANY
 7250 POE AVENUE
 DAYTON OH 45414**

**CHICK, PHILIP G.
 7250 POE AVENUE
 DAYTON OH 45414-2547**

2. Principal Place of Business

3. Mailing Address **The IAMS Company**
ATTN: Tax Division

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

P.O. Box 599
 City & State
Cincinnati, OH

Zip

Country

Zip

Country

45201

USA

4. FEI Number

31-0581456

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **RHODES, HEDRIC**
 STREET ADDRESS **3251 HIGELAVE**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **P** ☒ Change ☐ Addition
 NAME **Ansell, Jeffrey P**
 STREET ADDRESS **P.O. Box 599**
 CITY-ST-ZIP **Cincinnati, OH 45201**

TITLE **D** ☒ Delete
 NAME **WAXLAX, LORNE R**
 STREET ADDRESS **950 REEF ROAD**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **V** ☒ Change ☐ Addition
 NAME **Chance, J. Andrew**
 STREET ADDRESS **P.O. Box 599**
 CITY-ST-ZIP **Cincinnati, OH 45201**

TITLE **D** ☒ Delete
 NAME **PHILLIPS, DAVID**
 STREET ADDRESS **3410 OYSTER BAY CT.**
 CITY-ST-ZIP **CINCINNATI OH**

TITLE **D** ☒ Change ☐ Addition
 NAME **Byrnes, Bruce L**
 STREET ADDRESS **P.O. Box 599**
 CITY-ST-ZIP **Cincinnati, OH 45201**

TITLE **D** ☒ Delete
 NAME **SCHALLER, DARYL P**
 STREET ADDRESS **1709 NEW ISLAND DRIVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Daley, Clayton, Jr.**
 STREET ADDRESS **P.O. Box 599**
 CITY-ST-ZIP **Cincinnati, OH 45201**

TITLE **D** ☒ Delete
 NAME **VOLKER, CATHY**
 STREET ADDRESS **8570 BROOK MEADOW CT**
 CITY-ST-ZIP **LEWISVILLE NC 27023**

TITLE **AS** ☒ Change ☐ Addition
 NAME **Kehoe, Timothy T**
 STREET ADDRESS **P.O. Box 599**
 CITY-ST-ZIP **Cincinnati, OH 45201**

TITLE **C** ☒ Delete
 NAME **MATHILE, CLAYTON L**
 STREET ADDRESS **7250 POE AVENUE**
 CITY-ST-ZIP **DAYTON OH**

TITLE **V** ☒ Change ☐ Addition
 NAME **Walker, David R**
 STREET ADDRESS **P.O. Box 599**
 CITY-ST-ZIP **Cincinnati, OH 45201**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF T. J. Kehoe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kehoe, Assistant Secretary 4/27/00 513 983-1522

Date

Daytime Phone #

CR2E037 (9/99)