## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 19, 2001 8:00 am Secretary of State

DOCUMENT # 852639						285 029 ***150.00	
PCS PH	OSPHATE CO., INC	•					
	ce of Business	Mailing Address					
SUIT	KOKIE BOULEVARD, E 400	SUITE 400		D,			
	ROOK IL 60062	NORTHBROOK	IL 60062		55287	2	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			El Number 3-3081755	Applied For Not Applicable	
Zip-	- Country	-Zip	Country -			\$8.75 Additional	
					Certificate of Status Desired	Fee Required	
	6. Name and Address of Current F	Registered Agent	Name	7. Na	ame and Address of New Registere	d Agent	
CT CORPORATION SYSTEM			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAND ROAD							
PLANTA'	TION, FL 33324	•	City		F	Zip Code	
8 The above	named entity submits this statement	for the nurnose of changing	n its registered office	or register	red agent, or both, in the State of Flori		
o. The above	. Harries chary soom to the statement	to the purpose of sharing	g og.o o	v. 14g.440.			
SIGNATURE	Signature, typed or printed name of registe	ared enert and title if applicable	NOTE: Registe	ered Anent si	ignature required when reinstating)	DATE	
	alignature, typed or printed name or registe	sted agent and line it applicable	. (14012.1109.31	- Agent Si	I		
9. This corporation is eligible to satisfy its Intangibl 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 S		0.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D		12.		IONS/CHANGES TO OFFICERS AN		
TITLE	CD	Delete X	TITLE	CD	r wittiam t	Change X Addition	
NAME STREET ADDRESS	CHILDERS, CHARLE 122 1ST AVE. SOU		NAME STREET ADDRESS		E, WILLIAM J. 1ST AVE. SOUTH	ا يا	
CITY - ST - ZIP	SASKATOON, SK	JIN	CITY - ST - ZIP		ATOON, SK	j	
TITLE	PD PD	X Delete	TITLE	AS		Change X Addition	
			NAME		IKA, JOSEPH		
STREET ADDRESS 3101 GLENWOOD AVE			STREET ADDRESS		SKOKIE BOULEVARI	D, SUITE 400	
CITY - ST - ZIP	RALEIGH, NC 276		CITY - ST - ZIP		HBROOK, IL 60062		
TITLE	VT	∑ Delete	TITLE NAME	V	ET TAMPO U	Change X Addition	
NAME STREET ADDRESS	HUMPHREYS, BARRY		STREET ADDRESS		EL, JAMES H. SKOKIE BOULEVARI	SULTE 40d	
CITY - ST - ZIP	SASKATOON, SK	7111	CITY - ST - ZIP		HBROOK, IL 60062	J, DOITE 400	
TITLE	V	X Delete	TITLE			Change Addition	
NAME	YOUNGER, T. CARI		NAME				
STREET ADDRESS	3101 GLENWOOD AV		STREET ADDRESS			İ	
CITY-ST-ZIP	RALEIGH, NC 2761	LZ	CITY - ST - ZIP			1	
TITLE	<u> </u>		777.5			Change   A delist-	
NAME	,	Delete	TITLE NAME			Change 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 on an attachment with an address, with all other like empowered.

CITY - ST - ZIP

STREET ADORESS CITY - ST - ZIP

ππε

NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STF FL32381F.1

NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/6/ (847)849 - 4296

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