2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# F03000006419

Entity Name: YARA NORTH AMERICA, INC.

Current Principal Place of Business:

100 NORTH TAMPA STREET, SUITE 3200
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 NORTH TAMPA STREET, SUITE 3200
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-0440296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: _____ 04/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: CAVAZUTI, EDWARD J
Address: 100 NORTH TAMPA STREET, SUITE 3200
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: WALLACE, KENDRICK T
Address: 100 NORTH TAMPA STREET, SUITE 3200
City-St-Zip: TAMPA, FL 33602

Title: VT ( ) Delete
Name: BURNS, LEESA M
Address: 100 N TAMPA ST., #3200
City-St-Zip: TAMPA, FL 33602

Title: VS ( ) Delete
Name: RODGERS, STEVE
Address: 100 NORTH TAMPA STREET SUITE 3200
City-St-Zip: TAMPA, FL 33602

Title: PD ( ) Delete
Name: VALESARES, PETE
Address: 100 N. TAMPA ST., STE 3200
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FAKSVAAG, TRYGVE
Address: 100 NORTH TAMPA STREET, SUITE 3200
City-St-Zip: TAMPA, FL 33602

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEESA M BURNS VT 04/23/2009
Electronic Signature of Signing Officer or Director — Date