

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90026 006 ***150.00

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1. Entity Name

YARA INTERNATIONAL NORTH AMERICA, INC.



Principal Place of Business

**100 NORTH TAMPA STREET, SUITE 3200
TAMPA FL 33602**

Mailing Address

**100 NORTH TAMPA STREET, SUITE 3200
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PCD
CAVAZUTI, EDWARD J
100 NORTH TAMPA STREET, SUITE 3200
TAMPA FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Remove as President
Cavazuti, Edward** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
AS
BURNS, LEESA M
100 NORTH TAMPA STREET, SUITE 3200
TAMPA FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Remove as AS; Show
as Vice President / Treasurer
Burns, Leesa M.** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
WALLACE, KENDRICK T
100 NORTH TAMPA STREET, SUITE 3200
TAMPA FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**President
Gale, Jack
100 N. Tampa St., Suite 3200
Tampa, FL 33602** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Secretary
Ims, Sindre
100 N. Tampa St., Suite 3200
Tampa, FL 33602** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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 607, 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: *Leesa M. Burns*

Leesa M. Burns

2/7/05

813-222-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #