

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F30946

1. Entity Name
MARMAN (NUFARM) INC.



Principal Place of Business
1333 BURR RIDGE PKWY
SUITE 125A
BURR RIDGE, IL 60527 US

Mailing Address
1333 BURR RIDGE PKWY
SUITE 125A
BURR RIDGE, IL 60527 US



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2110843

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

000000405456
02/07/06-80042-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
CRAWFORD, GREG PRES
1333 BURR RIDGE PKWY
BURR RIDGE, IL 60527

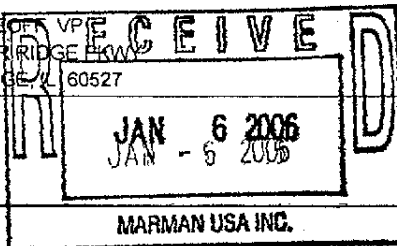
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
BARBER, GARY CFO
1333 BURR RIDGE PKWY
BURR RIDGE, IL 60527

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
KAILUS, BILL A SECR
1333 BURR RIDGE PKWY
BURR RIDGE, IL 60527

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
QUICK, GEORGE VPE
1333 BURR RIDGE PKWY
BURR RIDGE, IL 60527

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



**DO NOT WRITE
IN THIS SPACE**

Price = PO or within 2%
Deliver Qty Confirmed
Verify Receipt
PO#
Cost Center
Cost Account
Taxable Y
Signature
Date

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Bill Kailus* **BILL KAILUS**

Date: *1/6/06* 703-755-7211