

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90208 005 \*\*\*150.00

DOCUMENT # F93000003387

1. Corporation Name

IMC-AGRICOL MP, INC.

Principal Place of Business

2100 SANDERS ROAD  
NORTHBROOK IL 60062  
US

Mailing Address

2345 WAUKEGAN ROAD  
#200E. TAX DEPT  
BANNOCKBURN IL 60015-5516  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1993

4. FEI Number

36-3888539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 2100 Sanders Road

Suite, Apt. #, etc.

27 Attn: Tax Dept.

City & State

28 Northbrook, IL

29 Zip Country

60062-6145

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETE  
NAME BUECHE, WENDELL F  
STREET ADDRESS 2100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL

TITLE PD ☒ DELETE  
NAME BLOCK, RICHARD H  
STREET ADDRESS 2345 WAUKEGAN RD, SUITE 200E  
CITY-ST-ZIP BANNOCKBURN IL 60015-5516

TITLE VP ☐ DELETE  
NAME QUALLS, ROBERT M  
STREET ADDRESS 2345 WAUKEGAN ROAD SUITE 200E  
CITY-ST-ZIP BANNOCKBURN IL 60015-5516

TITLE VASD ☒ DELETE  
NAME SMITH, MARSHALL L  
STREET ADDRESS 2100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL

TITLE SD ☐ DELETE  
NAME WILLIAMS, ROSE M  
STREET ADDRESS 2100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE AS ☒ DELETE  
NAME BRIGGS, DAVID W  
STREET ADDRESS 2345 WAUKEGAN RD, SUITE 200E  
CITY-ST-ZIP BANNOCKBURN IL 60015-5516

1.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME Huber, John U.  
1.3 STREET ADDRESS 2345 Waukegan Road, Suite E-200  
1.4 CITY-ST-ZIP Bannockburn, IL 60015-5516

2.1 TITLE T ☐ Change ☒ Addition  
2.2 NAME Dunn, E. Paul, Jr.  
2.3 STREET ADDRESS 2100 Sanders Road  
2.4 CITY-ST-ZIP Northbrook, IL 60062-6146

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME White, Lynn F.  
3.3 STREET ADDRESS 2100 Sanders Road  
3.4 CITY-ST-ZIP Northbrook, IL 60062-6146

4.1 TITLE VP/D ☐ Change ☒ Addition  
4.2 NAME James, J. Bradford  
4.3 STREET ADDRESS 2100 Sanders Road  
4.4 CITY-ST-ZIP Northbrook, IL 60062-6146

5.1 TITLE AT ☐ Change ☒ Addition  
5.2 NAME Corna, Louis J.  
5.3 STREET ADDRESS 2100 Sanders Road  
5.4 CITY-ST-ZIP Northbrook, IL 60062-6146

6.1 TITLE AS ☐ Change ☒ Addition  
6.2 NAME McGowan, Joseph A., IV  
6.3 STREET ADDRESS 2100 Sanders Road  
6.4 CITY-ST-ZIP Northbrook, IL 60062-6146

14. 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 annual report or supplemental annual 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-12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. McGowan 4/30/99 (847) 272-9200

Date

Daytime Phone #

CR2E034 (11/98)