2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State DOCUMENT # F93000003387 IMC-AGRICO MP. INC. 04-25-2000 90066 018 ***150.00 Mailing Address Principal Place of Business 2100 SANDERS ROAD 2100 SANDERS ROAD ATTN: TAX DEPT. NORTHBROOK IL 60062 UUUIRIUU NORTHBROOK IL 60062-6139 us 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-3888539 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **Addition** TITLE TITLE 🔀 Delete steren J. Demetriou HUBER, JOHN U NAME NAME 2345 waukegan Road STREET ADDRESS 2345 WAUKEGAN ROAD, SUITE E-200 STREET ADDRESS Bannockburn, Th 60015 CITY-ST-7IP CITY-ST-ZIP BANNOCKBURN IL 60015-5516 ☐ Addition Change ☐ Delete TITLE DUNN, E. PAUL JR NAME NAME STREET ADDRESS STREET ADDRESS 2100 SANDERS ROAD CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062-6145 Delete ☐ Change Addition TITLE TITLE Mary Ann Hynes 2100 sanders Road WHITE, LYNN F NAME NAME STREET ADDRESS 2100 SANDERS ROAD STREET ADDRESS Northbrook, IL 60062 CITY-ST-ZIP NORTHBROOK IL 60062-6145 CITY-ST-ZIP VPD Change ☐ Addition Delete TITLE JAMES, J. BRADFORD NAME NAME STREET ADDRESS STREET ADDRESS 2100 SANDERS ROAD CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062-6145 ☐ Change ☐ Addition TITLE ☐ Delete TITLE WILLIAMS, ROSE M NAME NAME 2100 SANDERS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Addition Delete Change TITLE TITLE MCGOWAN, JOSEPH A IV NAME NAME 2100 SANDERS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062-6145

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 pther like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR