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

PROFIT CORPORATION **ANNUAL REPORT**

1999

1. Corporation Name



DOCUMENT # F9400001665

OCCIDENTAL FEED PHOSPHATE CORPORATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90136 010 ***150.00

Principal P ace of Business Mailing Address										
5005 L B J FREEWAY		P.O.BOX 300								
DALLAS TX 75244		ATTN: STATE TAX Tulsa ok 74102			DO NOT WRITE IN THIS SPACE					
US		US			3. Date Incorporated or Qualifed					
		•				04/01	•			,
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Nu			Α	pplied For
21	add of Business	26				95-44	71375		l N	iol Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional	
22		27			5. Certifica	ite of Status Desired		Fee P	Required	
City & State		City & State				6. Election	n Campaign Financir		\$5.00) May Be
23		28				Trust I	und Contribution	.9 []	Added	I to Fees
Zip	Country	Zip	Cou	ntry		8. This co	rporation owes the o	urrent year In	ntangible	_
24	25	29	30				al Property Tax.		☐ Yes	XNo
	9. Name and Address of Current	Registered Agent				10. Name	and Address of Nev	w Registerr∙d	l Agent	
		OVERELL INC		81 Nar	ne					
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				82 Stre	et Addr	ress (P.O. Box	Number is Not Acce	eptable)	1011	
	HAYS ST.					,		-03°)437	
	E 105			83			MAIL #	00.		
TALL	AHASSEE FL 32301			84 7 110	7	IEIFD	Myster	2 495	30 85 Zip	Code
					KI	11 15	ADD	20 Tel	23	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	f Florida. Such change was a	uthorized	by the co	ed cry	oration submit en's war of	this them in for the late hereby ac	the purpose of cept the appo	ir changing it pintment as r	s registered registered
SIGNATUF:E										
	Signature, typed or printed name of registered agent		<u>-</u>	Agent signat	ure req iire	d when reinstating)	WEIGHANGEO TO	DATE	NO DIDECT	O13C IN 42
12.	OFFICERS ANI		13.			ADDITI	ONS/CHANGES TO	JFFICERS 4	Change	
TITLE	P	☐ DELETE	1.1 TF							
NAME	HIRL, J. ROGER		1.2 N/							
STREET ADDRESS			1.3 \$1	REET ADDRÉ	SS					
CITY-ST-ZIP	DALLAS TX			TY-ST-ZIP					Change	☐ Addition
TITLE	VPAS	☐ DELETE	2.1 Ti						Change	Addition
NAME	KENNEDY, M J		2.2 N/	WE						
STREET ADDRESS			2.3 S1	REET ADDRE	SS					{
CITY-ST-ZIP	DALLAS TX			MY-ST-ZIP					Change	Addition
TITLE	VD	☐ DELETE	3.1 Ti						Change	- Addition
NAME	MORGAN, JOHN W		3 2 N							
STREET ADDRESS	10889 WILSHIRE BLVD.		3351	REET ADDRE	SS					
CITY-ST-ZIP	LOS ANGELES CA 90024			ITY-ST-ZIP	-∔-				Change	Addition
TITLE	AS	☐ DELETE	4.1 TI						Change	Addition
NAME	ROSS, DAVID G.		4. 2 N							
STREET ADDRESS			4.3 S1	REET ADDRE	ESS					
CITY-ST-ZIP	TULSA OK		_	TY-ST-ZIP	-				- Change	Addition
TITLE	AS	☐ DELETE	5.1 Ti						Change	Addition
NAME	PARISE, STEPHEN P		5.2 N/		-00					
STREET ADDRESS	10889 WILSHIRE BLVD.		1	REET ADDRE	:55					
CITY-ST-ZIP	LOS ANGELES CA 90024			TY-ST-ZIP						Addition
TITLE	AT	☐ DELETE	6.1 TI						Change	Addition
NAME	HAVERT, J R		6.2 N							ì
STREET ADDRESS	10889 WILSHIRE BLVD.		- 8	REET ADDRE	ESS					
OFF OF TIO	LOC ANGELES CA 00004		6.4 CI	TY-ST-ZIP	1					

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 attact ment with an address, with all other like empowered.

SIGNATURE:

DAV

DAVID G. ROSS

4-19-99 Date

(918) 561-3497

Daytime Phone #