

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1-2

DOCUMENT # F95000001144 (3)

1. Corporation Name
CF INDUSTRIES, INC.



Principal Place of Business: **ONE SALEM LAKE DR % LEGAL DEPARTMENT LONG GROVE IL 60047-8402**
Mailing Address: **ONE SALEM LAKE DR % LEGAL DEPARTMENT LONG GROVE IL 60047-8402**

3. Date Incorporated or Qualified: **03/10/1995** 3a. Date of Last Report
4. FEI Number: **36-2097061** Applied For / Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 if applicable) (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIUZZI, ROBERT C	12. NAME	
STREET ADDRESS	ONE SALEM LAKE DR	13. STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60047-8402	14. CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Sr. VP & CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, STEPHEN R	22. NAME	
STREET ADDRESS	ONE SALEM LAKE DR	23. STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60047-8402	24. CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sr. VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULTENFUSS, JOHN H	32. NAME	
STREET ADDRESS	ONE SALEM LAKE DR	33. STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60047-8402	34. CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP & Secy. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBERT, PAUL R	42. NAME	
STREET ADDRESS	ONE SALEM LAKE DR	43. STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60047-8402	44. CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPLE, WILLIAM G	52. NAME	
STREET ADDRESS	ONE SALEM LAKE DR	53. STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60047-8402	54. CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, A. L	62. NAME	
STREET ADDRESS	ONE SALEM LAKE DR	63. STREET ADDRESS	Bonnie Mine Road
CITY-ST-ZIP	LONG GROVE IL 60047-8402	64. CITY-ST-ZIP	Bartow, FL 33830

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Dennis W. Baker* Dennis W. Baker, Treasurer 5/1/96 (847)438-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING

CR2E034 (12/95)