

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**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 60047-8401**

3. Date Incorporated or Qualified **12/31/1979** 3a. Date of Last Report **05/01/1996**

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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 Zip 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 607.0805, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>LIUZZI, ROBERT C</b>	
STREET ADDRESS	<b>ONE SALEM LAKE DR</b>	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WILSON, STEPHEN R</b>	
STREET ADDRESS	<b>ONE SALEM LAKE DR</b>	
CITY-ST-ZIP	<b>LONG GROVE IL 60047-8402</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>SULTENFUSS, JOHN H</b>	
STREET ADDRESS	<b>ONE SALEM LAKE DR</b>	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>OBERT, PAUL R</b>	
STREET ADDRESS	<b>ONE SALEM LAKE DR</b>	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>EPEL, WILLIAM G</b>	
STREET ADDRESS	<b>ONE SALEM LAKE DR</b>	
CITY-ST-ZIP	<b>LONG GROVE IL 60047-8402</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLMES, A. L</b>	
STREET ADDRESS	<b>BONNIE MINE ROAD</b>	
CITY-ST-ZIP	<b>BARTOW FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	<b>60047-8402</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	<b>60047-8402</b>	
4.1 TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	<b>60047-8402</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>3001 Bonnie Mine Road</b>	
6.4 CITY-ST-ZIP	<b>33830</b>	

14. I do 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.

SIGNATURE: *Dennis W Baker* **Dennis W. Baker, Treasurer** 4/30/97 (847)438-9500

CR2E034 (9/96)