


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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001144 (3)**  
 1. Corporation Name  
**CF INDUSTRIES, INC.**

Principal Place of Business <b>ONE SALEM LAKE DR          % LEGAL DEPARTMENT          LONG GROVE IL 60047-8402</b>	Mailing Address <b>ONE SALEM LAKE DR          % LEGAL DEPARTMENT          LONG GROVE IL 60047-8402</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/31/1979</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
4. FEI Number <b>36-2097061</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM          1200 SOUTH PINE ISLAND RD          PLANTATION FL 33324</b>		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE <b>LIUZZI, ROBERT C</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONE SALEM LAKE DR</b>	1.2 NAME	
STREET ADDRESS	<b>LONG GROVE IL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE <b>WILSON, STEPHEN R</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONE SALEM LAKE DR</b>	2.2 NAME	
STREET ADDRESS	<b>LONG GROVE IL 60047-8402</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE <b>SULTENFUSS, JOHN H</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONE SALEM LAKE DR</b>	3.2 NAME	
STREET ADDRESS	<b>LONG GROVE IL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE <b>OBERT, PAUL R</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONE SALEM LAKE DR</b>	4.2 NAME	
STREET ADDRESS	<b>LONG GROVE IL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE <b>EPEL, WILLIAM G</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONE SALEM LAKE DR</b>	5.2 NAME	
STREET ADDRESS	<b>LONG GROVE IL 60047-8402</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE <b>HOLMES, A. L</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3001 BONNIE MINE RD</b>	6.2 NAME	
STREET ADDRESS	<b>BARTOW FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Dennis W. Baker* Dennis W. Baker 4/22/98 (847)438-9500

CR2E034 (10/97)