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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90205 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000001144**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/31/1979

4. FEI Number
36-2097061

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **P**
 NAME **LIUZZI, ROBERT C**
 STREET ADDRESS **ONE SALEM LAKE DR**
 CITY-ST-ZIP **LONG GROVE IL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **V**
 NAME **WILSON, STEPHEN R**
 STREET ADDRESS **ONE SALEM LAKE DR**
 CITY-ST-ZIP **LONG GROVE IL 60047-8402**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **V**
 NAME **SULTENFUSS, JOHN H**
 STREET ADDRESS **ONE SALEM LAKE DR**
 CITY-ST-ZIP **LONG GROVE IL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **VS**
 NAME **OBERT, PAUL R**
 STREET ADDRESS **ONE SALEM LAKE DR**
 CITY-ST-ZIP **LONG GROVE IL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **V**
 NAME **EPEL, WILLIAM G**
 STREET ADDRESS **ONE SALEM LAKE DR**
 CITY-ST-ZIP **LONG GROVE IL 60047-8402**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **V**
 NAME **HOLMES, A. L**
 STREET ADDRESS **3001 BONNIE MINE RD**
 CITY-ST-ZIP **BARTOW FL**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Dennis W. Baker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Dennis W. Baker

4/14/99

(847)438-9500

Treasurer

Date

Daytime Phone #

CR2E034 (1/98)