

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90256 032 \*\*\*150.00

**DOCUMENT # F95000001144**

1. Entity 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 <del>60047-8402</del></b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip	Country	Zip	Country
		60047-8402	

4. FEI Number **36-2097061**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIUZZI, ROBERT C</b>	NAME	
STREET ADDRESS	<b>ONE SALEM LAKE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, STEPHEN R</b>	NAME	
STREET ADDRESS	<b>ONE SALEM LAKE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL 60047-8402</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULTENFUSS, JOHN H</b>	NAME	
STREET ADDRESS	<b>ONE SALEM LAKE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OBERT, PAUL R</b>	NAME	
STREET ADDRESS	<b>ONE SALEM LAKE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EPEL, WILLIAM G</b>	NAME	
STREET ADDRESS	<b>ONE SALEM LAKE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL 60047-8402</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLMES, A. L</b>	NAME	
STREET ADDRESS	<b>3001 BONNIE MINE RD</b>	STREET ADDRESS	<b>2501 Bonnie Mine Road</b>
CITY-ST-ZIP	<b>BARTOW FL</b>	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. W. Baker*      **D. W. Baker**      4/25/00      (847)438-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Treasurer      Date      Daytime Phone #

CR2E034 (9/99)