

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90190 024 ***150.00

0650615 AT

DOCUMENT # F95000001144

1. Entity Name
CF INDUSTRIES, INC.



Principal Place of Business
**ONE SALEM LAKE DR
LONG GROVE IL 60047-8402**

Mailing Address
**ONE SALEM LAKE DR
% LEGAL DEPARTMENT
LONG GROVE IL 60047-8402**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	LIUZZI, ROBERT C
STREET ADDRESS	ONE SALEM LAKE DR
CITY-ST-ZIP	LONG GROVE IL
TITLE	V <input type="checkbox"/> Delete
NAME	WILSON, STEPHEN R
STREET ADDRESS	ONE SALEM LAKE DR
CITY-ST-ZIP	LONG GROVE IL 60047-8402
TITLE	V <input type="checkbox"/> Delete
NAME	SULTENFUSS, JOHN H
STREET ADDRESS	ONE SALEM LAKE DR
CITY-ST-ZIP	LONG GROVE IL
TITLE	VS <input type="checkbox"/> Delete
NAME	OBERT, PAUL R
STREET ADDRESS	ONE SALEM LAKE DR
CITY-ST-ZIP	LONG GROVE IL
TITLE	V <input type="checkbox"/> Delete
NAME	EPPEL, WILLIAM G
STREET ADDRESS	ONE SALEM LAKE DR
CITY-ST-ZIP	LONG GROVE IL 60047-8402
TITLE	V <input type="checkbox"/> Delete
NAME	HOLMES, A. L
STREET ADDRESS	2501 BONNIE MINE RD
CITY-ST-ZIP	BARTOW FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D.W. Baker* **D.W. Baker** 4/25/03 (847)438-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)