

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 22 1997 8:00am
Secretary of State

DOCUMENT # F95000003886 (7)

1. Corporation Name

PHIBRO INC.

Principal Place of Business

500 NYALA FARMS
WESTPORT CT 06880

Mailing Address

28th Floor - Tax Dept.
c/o Salomon Brothers Inc
7 World Trade Center
New York, NY 10048

3. Date Incorporated or Qualified

08/11/1995

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

06-1429126

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

200002202272

06/05/97 01003 032

***165.00

FL

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, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: 12

TITLE ☐ DELETE
NAME DC
STREET ADDRESS DENHAM, ROBERT E
CITY-ST-ZIP 7 WORLD TRADE CENTER
NEW YORK NY 10048

1.1 TITLE VP-TAXES ☐ Change ☒ Addition
1.2 NAME NAGY, GERALD
1.3 STREET ADDRESS 7WORLD TRADE CENTER
1.4 CITY-ST-ZIP NEW YORK, NY 10048

TITLE ☐ DELETE
NAME PD
STREET ADDRESS HALL, ANDREW J
CITY-ST-ZIP 500 NYALA FARMS
WESTPORT CT 06880

2.1 TITLE EVP ☒ Change ☐ Addition
2.2 NAME FAUL, JOHN S
2.3 STREET ADDRESS 500 Nyala Farms, Westport CT 06880
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME VO
STREET ADDRESS FAUL, JOHN S
CITY-ST-ZIP 500 NYALA FARMS
WESTPORT CT 06880

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME PETTI, JOHN G
3.3 STREET ADDRESS 500 Nyala Farms, Westport CT 06880
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VC
STREET ADDRESS CASTELLANO, MICHAEL N
CITY-ST-ZIP 500 NYALA FARMS
WESTPORT CT 06880

4.1 TITLE VP/GC/S ☐ Change ☒ Addition
4.2 NAME YOUNG, MICHAEL D
4.3 STREET ADDRESS 500 Nyala Farms, Westport CT 06880
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T / VP
STREET ADDRESS CRONIN, WILLIAM J
CITY-ST-ZIP 500 NYALA FARMS
WESTPORT CT 06880

5.1 TITLE AT ☐ Change ☒ Addition
5.2 NAME HERMANSON, TODD A
5.3 STREET ADDRESS 500 Nyala Farms, Westport CT 06880
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VD
STREET ADDRESS MCAVITY, MALCOLM
CITY-ST-ZIP 500 NYALA FARMS
WESTPORT CT 06880

6.1 TITLE AS ☐ Change ☒ Addition
6.2 NAME OLSHIN, ARNOLD S
6.3 STREET ADDRESS 500 Nyala Farms, Westport CT 06880
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gerald P. Nagy

5/5/97

(212) 783-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)

5-2-97