

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90016 029 \*\*\*150.00

**DOCUMENT # F95000003886**

1. Entity Name  
**PHIBRO INC.**

Principal Place of Business

Mailing Address

**500 NYALA FARMS  
 WESTPORT CT 06880**

**7N WORLD TRADE CENTER  
 TAX DEPT- 28TH FL  
 NEW YORK NY 10013  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1429126**

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

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DEVP PETTI, JOHN 500 NYALA FARMS WESTPORT CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, ANDREW J 500 NYALA FARMS WESTPORT CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLUMENTHAL, DAVID 500 NYALA FARMS WESTPORT CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTELLANO, MICHAEL N 500 NYALA FARMS WESTPORT CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRONIN, WILLIAM J 500 NYALA FARMS WESTPORT CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCAVITY, MALCOLM 500 NYALA FARMS WESTPORT CT 06880	<input type="checkbox"/> Delete

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

*Todd Hermanson*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael Castellano, VP and Controller 4/30/01**

Date

Daytime Phone #

(203) 221-5855

CR2E034 (10/00)

**SALOMON SMITH BARNEY**  
A member of citigroup

212-783-7000

*Attachment*  
*#F95000003886*  
*7603B*

May 1, 2001

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: PHIBRO INC.**

Gentlemen:

Return: **Annual Report**  
**Document No. - F95000003886**

Period: **2001**

Payment:

Tax Due: **\$ 150.00**

Check Enclosed: **Yes ( X )** **No ( )**

Kindly acknowledge receipt by stamping and returning to the undersigned the enclosed copy of this letter.

Very truly yours,

*Renee Martin*

Renee Martin  
Corporate Tax Department

Encl.

**SALOMON SMITH BARNEY**  
A member of citigroup

212-783-7000

*Attachment*  
*760373*  
*# F95000003886*

May 1, 2001

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

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Renee Martin

Corporate Tax Department

Encl.