UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90093 035 ***150.00

DOCUMENT # F95000003886

1. Entity Name
Phibro Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
500 Nyala Farms Road	333 W. 34th St
Suite, Apt. #, etc.	Suite, Apt. #, etc. Tax Dept. 4th fl
City & State: Westport, CT	City & State: New York, NY
Zip: 06880-6270 Country:	Zip: 10001 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1429126 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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.

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

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Hall, Andrew
STREET ADDRESS	500 Nyala Farms Road
CITY-ST-ZIP	Westport, CT 06880-6270
TITLE	VP
NAME	David Blumenthal
STREET ADDRESS	500 Nyala Farms Road
CITY-ST-ZIP	Westport, CT 06880-6270
TITLE	VP
NAME	Castellano, Michael
STREET ADDRESS	500 Nyala Farms Road
CITY-ST-ZIP	Westport, CT 06880-6270
TITLE	VP
NAME	McAvity, Malcom
STREET ADDRESS	500 Nyala Farms Road
CITY-ST-ZIP	Westport, CT 06880-6270
TITLE	T
NAME	Griffen, Daniel
STREET ADDRESS	500 Nyala Farms Road
CITY-ST-ZIP	Westport, CT 06880-6270
TITLE	AS
NAME	Tavolacci, Mary Elizabeth
STREET ADDRESS	500 Nyala Farms Road
CITY-ST-ZIP	Westport, CT 06880-6270

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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MICHAEL CASTELLANO 5/1/02 203-221-5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #