

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90479 001 *1,350.00

DOCUMENT # F95000003886

1. Entity Name
PHIBRO INC.



Principal Place of Business
**500 NYALA FARMS
WESTPORT, CT 06880**

Mailing Address
**388 GREENWICH ST
TAX DEPT, 22ND 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

04222004

Chg-P

CR2E034 (10/03)

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, ANDREW	
STREET ADDRESS	500 NYALA FARMS	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLUMENTHAL, DAVID	
STREET ADDRESS	500 NYALA FARMS	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASTELLANI, MICHAEL	
STREET ADDRESS	500 NYALA FARMS	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCAVITY, MALCOM	
STREET ADDRESS	500 NYALA FARMS	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIFFEN, DANIEH	
STREET ADDRESS	500 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TAVOLACCI, MARY ELIZABETH	
STREET ADDRESS	500 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT, CT 06880	

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 checked="" type="checkbox"/> Addition
NAME	AT Anzel, Keith
STREET ADDRESS	388 Greenwich St.
CITY-ST-ZIP	New York, NY 10013
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #