


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90197 017 \*\*\*150.00

<b>DOCUMENT # F95000003886</b> 1. Entity Name PHIBRO INC.	
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Principal Place of Business 500 NYALA FARMS WESTPORT, CT 06880	Mailing Address 388 GREENWICH ST TAX DEPT, 22ND FL NEW YORK, NY 10013 US
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1429126	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, ANDREW 500 NYALA FARMS WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLUMENTHAL, DAVID 500 NYALA FARMS WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTELLANI, MICHAEL 500 NYALA FARMS WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ANZEL, KEITH 388 GREENWICH ST. NEW YORK, NY 10013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFEN, DANIEH 500 NYALA FARMS ROAD WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TAVOLACCI, MARY ELIZABETH 500 NYALA FARMS ROAD WESTPORT, CT 06880

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IN THIS SPACE**

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

*Keith Anzel* 4/27/05

Date

Daytime Phone #