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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
- 1997



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

DOCUMENT # F96000004385 (8)

1. Corporation Name

IMC KALIUM CARLSBAD POTASH COMPANY



Principal Place of Business

2345 WAUKEGAN ROAD: BUILDING B
BANNOCKBURN IL 60015

Mailing Address

2345 WAUKEGAN ROAD: BUILDING B
BANNOCKBURN IL 60015-1515

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/27/1996

3a. Date of Last Report

4. FEI Number

36-4091023

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 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 or 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE
NAME SMITH, MARSHALL
STREET ADDRESS ONE NELSON C. WHITE DRIVE
CITY-ST-ZIP MUNDELEIN IL 60060

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME John U. Huber
1.3 STREET ADDRESS 2345 Waukegan Rd, Suite 200E
1.4 CITY-ST-ZIP Bannockburn, IL 60015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Brian J. Smith
2.3 STREET ADDRESS 2100 Sanders Road
2.4 CITY-ST-ZIP Northbrook, IL 60062

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE V/AS/D ☐ Change ☒ Addition
3.2 NAME Marshall I. Smith
3.3 STREET ADDRESS 2100 Sanders Road
3.4 CITY-ST-ZIP Northbrook, IL 60062

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Rose Marie Williams
4.3 STREET ADDRESS 2100 Sanders Road
4.4 CITY-ST-ZIP Northbrook, IL 60062

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE AS/Director of Taxes ☐ Change ☒ Addition
5.2 NAME Eugene M. McCluskey
5.3 STREET ADDRESS 2345 Waukegan Rd, Suite 200E
5.4 CITY-ST-ZIP Bannockburn, IL 60015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 000002173480
6.3 STREET ADDRESS -05/09/97--01109--014
6.4 CITY-ST-ZIP ***165.00

14. I do 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 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:

Eugene M. McCluskey

Director of Taxes and
Assistant Secretary

4-4-97 (847) 607-3000

Date

Daytime Phone

0481290

CR2E034 (9/96)