

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90110 046 ***150.00

DOCUMENT # F96000004385

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1996

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 2100 Sanders Road

Suite, Apt. #, etc.

22

City & State

23 Northbrook, IL

Zip

24 60062-6146

Country

25

2a. Mailing Address

26 2100 Sanders Road

Suite, Apt. #, etc.

27 Attn: Tax Dept.

City & State

28 Northbrook, IL

Zip

29 60062-6146

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PAS ☐ DELETE

NAME HUBER, JOHN U
STREET ADDRESS 2345 WAUKEGAN RD SUITE 200E
CITY-ST-ZIP BANNOCKBURN IL 60015

TITLE VP ☐ DELETE

NAME JAMES, J BRADFORD
STREET ADDRESS 2100 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE VASD ☒ DELETE

NAME SMITH, MARSHALL I
STREET ADDRESS 2100 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE S ☐ DELETE

NAME WILLIAMS, ROSE MARIE
STREET ADDRESS 2100 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE AT ☐ DELETE

NAME CORNA, LOUIS J
STREET ADDRESS 2345 WAUKEGAN ROAD, STE 200E
CITY-ST-ZIP BANNOCKBURN IL 60015-5516

TITLE AS ☒ DELETE

NAME BRIGGS, DAVID W
STREET ADDRESS 2345 WAUKEGAN RD: SUITE 200E
CITY-ST-ZIP BANNOCKBURN IL 60015-5516

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/AS/D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE AS ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2100 Sanders Road
Northbrook, IL 60062-6146

14. 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 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, with all other like empowered.

SIGNATURE:

Joseph A. McGowan, IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. McGowan, IV 4/30/99 (847)272-9200

Date

Daytime Phone #

CR2E034 (11/98)