

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**  
 04-21-2000 90175 036 \*\*\*150.00

**DOCUMENT # F96000004385**

1. Entity Name  
**IMC KALIUM CARLSBAD POTASH COMPANY**

Principal Place of Business      Mailing Address  
**SANDERS RD**      **2100 SANDERS RD**  
**IL 60062-6146**      **ATTN: TAX DEPT**  
                                  **NORTHBROOK IL 60062-6139**

**C0068564**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **36-4091023**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PASD</b> <b>HUBER, JOHN U</b> <b>2345 WAUKEGAN RD SUITE 200E</b> <b>BANNOCKBURN IL 60015</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JAMES, J BRADFORD</b> <b>2100 SANDERS ROAD</b> <b>NORTHBROOK IL 60062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FOWLER, ROBERT E JR</b> <b>2100 SANDERS ROAD</b> <b>NORTHBROOK IL 60062</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILLIAMS, ROSE MARIE</b> <b>2100 SANDERS ROAD</b> <b>NORTHBROOK IL 60062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>CORNA, LOUIS J</b> <b>2100 SANDERS RD</b> <b>NORTHBROOK IL 60062-6146</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MCGOWAN, JOSEPH A IV</b> <b>2100 SANDERS RD</b> <b>NORTHBROOK IL 60062-6146</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**VACANT**

**Treasurer**  
**E. Paul Dunn**  
**2100 Sanders Road**  
**Northbrook, IL 60062**

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joseph A. McGowan**      Date **4/15/00**      Daytime Phone # **(847) 412-5808**

**IMC Kalium Carlsbad Potash Company**

*A Hagh  
0068564  
# 69600004/385*  
As of March 21, 2000

**DIRECTOR**

**John U. Huber** **Director**  
Primary Address: 2345 Waukegan Road  
Bannockburn, IL 60015

**OFFICERS**

**John U. Huber** **President and Assistant Secretary**  
Primary Address: 2345 Waukegan Road  
Bannockburn, IL 60015

**J. Bradford James** **Vice President**  
Primary Address: 2100 Sanders Road  
Northbrook, IL 60062

**Rose Marie Williams** **Secretary**  
Primary Address: 2100 Sanders Road  
Northbrook, IL 60062

**Joseph A. McGowan, IV** **Assistant Secretary**  
Primary Address: 2100 Sanders Road  
Northbrook, IL 60062

**E. Paul Dunn, Jr.** **Treasurer**  
Primary Address: 2100 Sanders Road  
Northbrook, IL 60062