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## 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

## DOCUMENT # F9700000371

1. Corporation Name

IMC KALIUM OGDEN CORP.

Principal Place	e of Business	Mailing Address							
DIGO COLLEGE DOCULETION		8300 COLLEGE BOULEVARD OVERLAND PARK KS 66210			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 01/23/1997				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For				
21		26			87-0274174 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional				
<del></del> 1		27			Fee Required				
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country		Zip Country			8. This corporation owes the current year Intangible				
24 25		29 30			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent		· · ·	10. Name and Address of New Registered Agent				
	222222121222222		81	Name					
C T CORPORATION SYSTEM				Street A	Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD			82						
PLANTATION FL 33324			83						
			84	City	85 Zip Code				
					F <u>L                                     </u>				
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	-named	corporation submits this statement for the purpose of changing its registered				
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607,0505, Florid	thorized by da Statutes	the corpo	oration's board of directors. I hereby accept the appointment as registered				
•		,							
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agen	t signature re	required when reinstating) DATE				
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE			1.1 TITLE		Change Addition				
NAME			1.2 NAME						
STREET ADDRESS	8300 COLLEGE BOULEVARD 13		1.3 STREET	ADDRESS	SEE ATTACHEDY				
CITY-ST-ZIP	OVERLAND PARK KS 66210		1.4 CITY-\$7	r-zip	JEE HIMCHEDY				
TITLE	V	☐ DELETE	2.1 TITLE		Change				
NAME	DAY, SUSAN K		2.2 NAME	Ì	/\				
STREET ADDRESS	s 8300 COLLEGE BOULEVARD		2.3 STREET	ADDRESS					
CITY-ST-ZIP	OVERLAND PARK KS 66210		2.4 CITY-S	T-ZIP					
TITLE	T	☐ DELĒTE	3.1 TITLE		Change ☐ Addition				
NAME	RICHARDSON, DAVID E		3.2 NAME		/ `				
STREET ADDRESS	8300 COLLEGE BOULEVARD		3.3 STREET	ADDRESS					
CITY-ST-ZIP	OVERLAND PARK KS 66210		3.4. CITY-ST-ZIP						
TTLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition				
NAME	Warnick, Kenneth L		4 2 NAME						
STREET ADDRESS	RESS 765 N. 10500 W. 4		4.3 STREET	ADDRESS					
CITY+ST-ZIP	OGDEN UT 84404		4.4 CITY-S	T-Z∤P					
TITLE	D	☐ DELETE	5.1 TITLE		Change ☐ Addition				
NAME	KILPATRICK, DONALD G		52 NAME						
STREET ADDRESS	399 PARK AVENUE, 32ND FLO	OR	5.3 STREET	ADDRESS	<u>'</u> .,				
CITY-ST-ZIP	NEW YORK NY 10022		5.4 CITY-S	T-ZIP	<u> </u>				
TITLE	CEO	☐ DELETE	6.1 TITLE	$\neg \neg$	Change Addition				
NAME	BOYCE, MICHAEL R		6.2 NAME		/ \				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: )

STREET ADDRESS

CITY-ST-ZIP

8300 COLLEGE BOULEVARD

**OVERLAND PARK KS 66210** 

(847) 412-5808

## IMC KALIUM OGDEN CORPORATION OFFICERS AND DIRECTOR

F9700000371

		372340401
OFFICERS	NAME	ADDRESS
President	John U. Huber	2100 Sanders Road Northbrook, Illinois 60062
Vice President	J. Bradford James	2100 Sanders Road Northbrook, Illinois 60062
Vice President	Max J. Reynolds	765 N. 10500 W. Little Mountain P.O. Box 1190 Ogden, Utah 84404
Vice President	Kenneth L. Warnick	765 N. 10500 W. Little Mountain P.O. Box 1190 Ogden, Utah 84404
Secretary	Rose Marie Williams	2100 Sanders Road Northbrook, Illinois 60062
Assistant Treasurer	Louis J. Corna	2100 Sanders Road Northbrook, Illinois 60062
Assistant Secretary	Joseph A. McGowan, IV	2100 Sanders Road Northbrook, Illinois 60062
DIRECTOR	NAME	ADDRESS
Director	J. Bradford James	2100 Sanders Road Northbrook, Illinois 60062