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 # F9800000563

1. Corporation Name

RHONE-POULENC ANIMAL NUTRITION INC.

Moiling Addross

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90075 048 ***150.00



| Principal Place | e of Business | Maining Address | | | | | | |
|---|--|-----------------------------------|-------------|----------------------|---|---------------|-----------|-------------|
| 500 NORTHRIDO | GE RD., STE 620 | 500 NORTHRIDGE RD., STE 62 | 0 | | | | | |
| ATLANTA GA 3 | 0350 | atlanta ga 30350 | | | DO NOT WRITE IN T | HIS SPACE | <u>.</u> | |
| | | | | | 3. Date Incorporated or Qualifed | IIQ OI AGE | - | |
| | | | | • | 1. | | | |
| | | | | | 01/30/1998 | | Lame | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | Λ | 4. FEI Number | \vdash | + | ied For |
| 21 3480 PRESTON RIDGE BASE 3480 PRESTON RIDGE | | | | KD | 22-3539955 | | 4 | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | • | | ditional |
| | 11TE 450 | 27 SUITE 652 |) | | | | e Req | |
| City & Stat | e 0.1.2.0.1 | City & State | , A | | 6. Election Campaign Financing | • | .00 M | • |
| 23 AL | PHARETTA, 6A | 28 ALPHARETTA, | 6 A | | Trust Fund Contribution | Ad | ded to | Fees |
| Zip | Country | Zip 2478 - | Country | | 8. This corporation owes the current year | | \ | . |
| - 20003 - | 2028 25 USA | 29 30005-2028 30 | Q. | SA | Personal Property Tax. | ☐ Yes | | No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Register | ed Agent | | <u>`</u> |
| | | | 81 | Name | | | | |
| | CORPORATION SYSTEM | | 82 | Street Add | Iress (P.O. Box Number is Not Acceptable) | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | Sileer Add | (| | | |
| Plai | NTATION FL 33324 | | 83 | | | | | |
| | | | | <u> </u> | | - | 7:- 0 | - |
| | • | | 84 | City | F | EL 85 | Zip Co | ode |
| 44 5 | 4- the residence of Costlere 607 0502 | and 607 1509 Florida Statutes | the abov | e-named com | poration submits this statement for the purpose | of changir | ng its re | aistered |
| office or r | registered agent or both in the State of | f Florida. Such change was autho | onzed by | / the corborati | ion's board of directors. I hereby accept the ap | pointment | as regi | stered |
| agent. I a | im familiar with, and accept the obligation | ons of, Section 607.0505, Florida | Statutes | S. | | | | |
| SIGNATURE | 题作品的数据 1 mm的数据 | | | | ed when reinstating) DATE | | | |
| | Signature, typed or printed name of registered agent | | | nt signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | | CTOR | S IN 12 |
| 12. | OFFICERS AND | DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS | Cha | | Addition |
| TITLE | PD | . C DELETE | 1.1 TITLE | | | ۵۰۰۰ کیا | 9- | |
| NAME | COATES, BARRY | | 1.2 NAME | | | | | |
| STREET ADDRESS | 500 NORTHRIDGE RD., STE 620 | ı | 1.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | ATLANTA GA | | 1.4 CITY-\$ | ST-ZIP | | | | |
| TITLE | VT | ☐ DELETË | 2.1 TITLE | | | Cha | ınge | ☐ Addition |
| NAME | SHAVZIN, DAVID | | 2.2 NAME | | | | | |
| STREET ADDRESS | 500 NORTHRIDGE RD., STE 620 |) | 2.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | ATLANTA GA | _ | 2. 4 CITY-1 | ST-ZIP | | | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | | ☐ Cha | ange | ☐ Addition |
| | DONAHUE, JOHN P | _ | 3.2 NAME | | | | | |
| NAME | II | ıe l | | T ADDRESS | | | | |
| STREET ADDRESS | RHONE-POULENC INC., CN-526 | ~ | ļ. | | | | | |
| CITY-ST-ZIP | PRINCETON NJ | ☐ DELETE | 3.4. CITY+5 | SI-ZIP | | ☐ Cha | ange | Addition |
| TITLE | - I | □ PÉTEIE | 4.1 TITLE | | | | - 0 | |
| NAME | HECKMAN, EDWARD | | 4.2 NAME | | | | | |
| STREET ADDRESS | RHONE-POULENC INC., CN-526 | 6 | 4.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | PRINCETON NJ | | 4.4 CITY-5 | ST-ZIP | | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | ☐ Cha | апде | ☐ Addition |
| NAME | BOARDMAN, HAROLD F | | 5.2 NAME | | | | | |
| STREET ADDRESS | THE POLICE PARTY IN THE PARTY I | <i>i</i> 6 | 5.3 STREE | ET ADDRESS | | | | |
| CITY-ST-ZIP | PRINCETON NJ | | 5.4 CITY-S | ST-ZIP | | | | _ |
| TITLE | AS | ☐ DELETE | 6.1 TITLE | | | Cha | ange | Addition |
| ļ | MULLER, RUDY | | 6.2 NAME | | | | | |
| NAME | | j | | ET ADDRESS | | | | |
| STREET ADDRESS | 42, AVENUE ARISTIDE BRIAND | | 6.3 STREE | | | | | |
| 0 TO 1 OT TIP | LANDONIA MADES DE SEINS | | n 6.4 CHY-5 | 31•ZIP I | | | | |

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: