

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000563

1. Entity Name

RHONE-POULENC ANIMAL NUTRITION INC.

DEPT

FILED

Jul 25, 2000 8:00 am  
Secretary of State

07-25-2000 90102 019 \*\*\*550.00

Principal Place of Business

3480 PRESTON RIDGE RD.  
STE 650  
ALPHARETTA GA 30005

Mailing Address

3480 PRESTON RIDGE RD  
STE 650  
ALPHARETTA GA 30005

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2 TW Alexander Drive

Suite, Apt. #, etc.

Legal Department

City & State

City & State

Research Triangle Park, NC

Zip

Country

Zip

Country

27709

U.S.A.

4. FEI Number 22-3539955

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME COATES, BARRY  
STREET ADDRESS 500 NORTHRIDGE RD., STE 620  
CITY-ST-ZIP ATLANTA GA

TITLE President / Director  
NAME Harari, Guy  
STREET ADDRESS 3480 Preston Ridge Road, Suite 650  
CITY-ST-ZIP Alpharetta, GA 30005

TITLE VT  
NAME SHAVZIN, DAVID  
STREET ADDRESS 500 NORTHRIDGE RD., STE 620  
CITY-ST-ZIP ATLANTA GA

TITLE Treasurer  
NAME Winkler, Douglas  
STREET ADDRESS 3480 Preston Ridge Rd., Suite 650  
CITY-ST-ZIP Alpharetta, GA 30005

TITLE S  
NAME DONAHUE, JOHN P  
STREET ADDRESS RHONE-POULENC INC., CN-5266  
CITY-ST-ZIP PRINCETON NJ

TITLE Secretary  
NAME Jones, Randall  
STREET ADDRESS 2 Alexander Drive  
CITY-ST-ZIP Research Triangle Park, N.C. 27709

TITLE T  
NAME HECKMAN, EDWARD  
STREET ADDRESS RHONE-POULENC INC., CN-5266  
CITY-ST-ZIP PRINCETON NJ

TITLE Asst. Treasurer  
NAME King, Terry  
STREET ADDRESS 399 Interpace Parkway  
CITY-ST-ZIP Parsippany, N.J. 07054

TITLE D  
NAME BOARDMAN, HAROLD F  
STREET ADDRESS RHONE-POULENC INC., CN-5266  
CITY-ST-ZIP PRINCETON NJ

TITLE Asst. Secretary  
NAME Garnier, Francois  
STREET ADDRESS 42 Avenue Aristide Briand  
CITY-ST-ZIP Antony, Hauts de Seine 92160 France

TITLE AS  
NAME MULLER, RUDY  
STREET ADDRESS 42, AVENUE ARISTIDE BRIAND  
CITY-ST-ZIP ANTONY HAUTS DE SEINE

TITLE Director  
NAME Godard, Alain  
STREET ADDRESS 55 Avenue Rene CASSIN  
CITY-ST-ZIP Lyon 69009 France

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/2000 678-339-1504  
Date Daytime Phone #

CR2E034 (5/00)