

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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90024 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F98000001178**

1. Corporation Name  
**IMC GLOBAL INC.**



Principal Place of Business  
**2100 SANDERS ROAD  
NORTHBROOK IL 60062**

Mailing Address  
**2100 SANDERS ROAD  
NORTHBROOK IL 60062**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		36-3492467	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29			
Country		Country			
25		30			
60062-6146					

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
85	Zip Code

**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUECHE, WENDELL F	1.2 NAME	
STREET ADDRESS	2100 SANDERS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	C/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER JR, ROBERT E	2.2 NAME	
STREET ADDRESS	2100 SANDERS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, ROSE M	3.2 NAME	Dunn, E. Paul, Jr.
STREET ADDRESS	2100 SANDERS ROAD	3.3 STREET ADDRESS	2100 Sanders Road
CITY-ST-ZIP	NORTHBROOK IL	3.4 CITY-ST-ZIP	Northbrook, IL 60062-6146
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	SV/CFP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, C S	4.2 NAME	James, J. Bradford
STREET ADDRESS	2345 WAUKEGAN ROAD STE E-200	4.3 STREET ADDRESS	2100 Sanders Road
CITY-ST-ZIP	BANNOCKBURN IL	4.4 CITY-ST-ZIP	Northbrook, IL 60062-6146
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	P/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBER, JOHN H	5.2 NAME	Pertz, Douglas A.
STREET ADDRESS	2345 WAUKEGAN ROAD STE E-200	5.3 STREET ADDRESS	2100 Sanders Road
CITY-ST-ZIP	BANNOCKBURN IL	5.4 CITY-ST-ZIP	Northbrook, IL 60062-6146
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SMITH, MARSHALL I	6.2 NAME	
STREET ADDRESS	2100 SANDERS ROAD	6.3 STREET ADDRESS	COMPLETE LIST ENCLOSED.
CITY-ST-ZIP	NORTHBROOK IL	6.4 CITY-ST-ZIP	

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:

*Louis J. Corna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis J. Corna 4/30/99 (847)272-9200

Date

Daytime Phone #

CR2E034 (11/98)

0528190