

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90106 016 ***150.00

DOCUMENT # F98000002359

1. Corporation Name

PCS NITROGEN FERTILIZER OPERATIONS, INC.

Principal Place of Business

3175 LENNOX PARK BLVD., STE. 400
MEMPHIS TN 38115-4256

Mailing Address

3175 LENNOX PARK BLVD., STE. 400
MEMPHIS TN 38115-4256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1998

4. FEI Number

13-3934025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARLSON, GARY	
STREET ADDRESS	3175 LENNOX PARK BLVD., STE. 400	
CITY-ST-ZIP	MEMPHIS TN 38115-4256	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIETZ, JAMES F	
STREET ADDRESS	3175 LENNOX PARK BLVD., STE. 400	
CITY-ST-ZIP	MEMPHIS TN 38115-4256	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HAMPTON, JOHN L.M.	
STREET ADDRESS	3175 LENNOX PARK BLVD., STE. 400	
CITY-ST-ZIP	MEMPHIS TN 38115-4256	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, BARRY E	
STREET ADDRESS	3175 LENNOX PARK BLVD., STE. 400	
CITY-ST-ZIP	MEMPHIS TN 38115-4256	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KIRKPATRICK, ROBERT A	
STREET ADDRESS	3175 LENNOX PARK BLVD., STE. 400	
CITY-ST-ZIP	MEMPHIS TN 38115-4256	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	GHEENS, JOHN H	
STREET ADDRESS	3175 LENNOX PARK BLVD., STE. 400	
CITY-ST-ZIP	MEMPHIS TN 38115-4256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES F. DIETZ	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRESIDENT & CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHARLES C. SHAW	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	J. CABELL ACREE III	
6.3 STREET ADDRESS		
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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)

0557877