2000 UNIFORM BUSINESS REPORT (UBR)

Robert SJ. Rovacich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

M9600000103 DOCUMENT # 1. Entity Name 00 APR 27 PM 1:28 AGRIFOS MINING L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address ROUTE 676 (NICHOLS ROAD) 667 MADISON AVENUE NEW YORK NY 10021-8029 NICHOLS FL 33863 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3874347 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 200003249652---05/12/00--01010--024 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State *****50.00 ****50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. Addition (MGR MGR TITLE ☐ Delete TITLE Change KOVACICH, ROBERT J. P.O. BOX 315 VAN AMERONGEN, LEWIS W MAME NAME 667 MADISON AVENUE STREET ADDRESS STREET ADDRESS NICHOLS, FL 33863-0315 **NEW YORK NY 10022** CITY-ST-ZIP CITY-ST-ZIP MGR Delete Change Coltibba MAME CHAOUNI, FAROUK STREET ADDRESS 667 MADISON AVE. STREET ADDRESS CITY- ST- ZIP **NEW YORK NY 10022** CITY- ST- ZEP Addition MGR Detete TITLE Change MTLE NAME NAME COTTON, TIM STREET ADDRESS STREET ADDRESS 667 MADISON AVENUE CITY- ST-ZIP CITY-ST-ZIP **NEW YORK NY 10021** ■ Addition Change MGR ☐ Defete TITLE TITLE MINICK, DEANNA MAME MAME 812 CASSIN ROAD STREET ADDRESS STREET ANDRESS CITY-ST-71P NAPERVILLE IL 60565 CITY-ST-ZIP ☐ Change ■ Addition TITLE Destette TITLE KOVARIEH, ROBERT MAME MAME P.O BEX 315 STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY- ST- 7IP NICHOLS, FO ☐ Changa Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP 11. 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 is true and accurate and that my signature shall bave the same legal effect as it made under oath; that, am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this tepoft as required by chapter 608, Florida Statutes.

APPROVED

4/26/00 863-425-6224