

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0074380

DOCUMENT # M99000001833

1. Entity Name

ROYSTER-CLARK RESOURCES, LLC



FILED

03 JAN 29 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

6 EXECUTIVE DRIVE
COLLINSVILLE IL 62234

P O BOX 1986
COLLINSVILLE IL 62234-1986

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-3652274

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

500011783046
02/04/03--01039--025 **200.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROYSTER-CLARK AGRIBUSINESS, INC.
10 ROCKEFELLER PLAZA, 11TH FLOOR
NEW YORK NY 10020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MOSHENEK, G. KENNETH
999 WATERSIDE DR., SUITE 800
NORFOLK VA 23510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VANCE, WALTER
999 WATERSIDE DR. SUITE 800
NORFOLK VA 23510 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director & Controller
Joel Dunbar
6 Executive Drive
Collinsville, IL 62234 ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JENKINS, FRANCIS P
6 EXECUTIVE DR.
COLLINSVILLE NY 10020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ABOOD, RANDOLPH G
600 FIFTH AVE., 25TH FLOOR
NEW YORK NY 10020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Joel Dunbar

REQUIRED Joel Dunbar

1-7-03

618 346-7361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)