

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 PM 1:19

DOCUMENT # **P02697 (1)**

1. Corporation Name  
**FARMBELT CHEMICALS, INC.**

Principal Place of Business Mailing Address  
**600 FOURTH STREET BOX 6000 SIOUX CITY IA 51102-6000**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/13/1984** 3a. Date of Last Report **05/01/1994**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>42-1174068</b>	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, PAUL D.</b>	1.2 NAME	<b>DELETE ENTRY</b>
STREET ADDRESS	<b>600 4TH STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SIOUX CITY IA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUERKSEN, GREGORY J.</b>	2.2 NAME	<b>DELETE ENTRY</b>
STREET ADDRESS	<b>600 4TH STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SIOUX CITY IA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, JANE A.</b>	3.2 NAME	
STREET ADDRESS	<b>600 4TH STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SIOUX CITY IA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TAS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, FRANCIS G.</b>	4.2 NAME	
STREET ADDRESS	<b>600 4TH STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SIOUX CITY IA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, FRANCIS G.</b>	5.2 NAME	
STREET ADDRESS	<b>600 4TH STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SIOUX CITY IA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOYCE, BURTON M.</b>	6.2 NAME	<b>PRESIDENT/DIRECTOR</b>
STREET ADDRESS	<b>600 4TH STREET</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SIOUX CITY IA</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: **4-5-95** **712-377-1340**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)