

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **07/13/1984** 3a. Date of Last Report **05/01/1995**
4. FEI Number **42-1174068** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature typed or printed name of registered agent (not applicable) (not applicable)

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

100001829671
-05/20/96--01054--004
***200.00

72/51

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 119.07(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, changed for or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-29-96** 7/2/277-1340
Type in Phone #

CR2E034 (12/95)