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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P04829 (8)

1. Corporation Name  
IMC AGRIBUSINESS INC.

Principal Place of Business

6 EXECUTIVE DRIVE  
PO BOX 1986  
COLLINSVILLE IL 62234  
US

Mailing Address

6 EXECUTIVE DRIVE  
PO BOX 1986  
COLLINSVILLE IL 62234-1986  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country

2a. Mailing Address

26 2345 Waukegan Rd.  
27 Suite 200E, Tax Dept  
28 Bannockburn, IL  
29 60015-5516 30 US

3. Date Incorporated or Qualified

01/29/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

58-1599501

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

9. Name and Address of Current Registered Agent

G T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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	D	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, JOSEPH P.	
STREET ADDRESS	175 E. DELAWARE APT 6805	
CITY - ST - ZIP	CHICAGO IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAN PATTEN, ROBERT M.	
STREET ADDRESS	3003 SUNSET HILLS BLVD, S.	
CITY - ST - ZIP	EDWARDSVILLE IL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOLLER, GLENN J.	
STREET ADDRESS	226 GRIMSLEY STA BLUFF DR	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSE MARIE WILLIAMS	
STREET ADDRESS	909 N GOVE DR	
CITY - ST - ZIP	PALATINE IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brian J. Smith	
1.3 STREET ADDRESS	2100 Sanders Road	
1.4 CITY - ST - ZIP	Northbrook, IL 60062	
2.1 TITLE	P/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	6 Executive Drive	
2.4 CITY - ST - ZIP	Collinsville, IL 62234	
3.1 TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marschall I. Smith	
3.3 STREET ADDRESS	2100 Sanders Road	
3.4 CITY - ST - ZIP	Northbrook, IL 60062	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2100 Sanders Road	
4.4 CITY - ST - ZIP	Northbrook, IL 60062	
5.1 TITLE	AS/Director of Taxes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Eugene M. McCluskey	
5.3 STREET ADDRESS	2345 Waukegan Rd, Suite 200E	
5.4 CITY - ST - ZIP	Bannockburn, IL 60015	
6.1 TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Donald D. Roberts	
6.3 STREET ADDRESS	6 Executive Drive	
6.4 CITY - ST - ZIP	Collinsville, IL 62234	

14. I do 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, or on an attachment with an address.

SIGNATURE

*Eugene M. McCluskey*

Director of Taxes  
Assistant Secretary 4-4-97 (847) 607-3000  
Eugene M. McCluskey

Date

Daytime Phone #

CR2E034 (9/96)