FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(8)

Apr 2/ 1998 8:00am
Secretary of State

MMC AC	GRIBUSINESS INC.										
Principal Plac	e of Business	Mailing Address					A THEOLOGIC III BAILL AIRDE FRESA ILTII	ABIL MINIT BIRIL	91911 4 1811 411	ar wrom loop	
6 EXECUTIVE		2345 WAUKEGAN RD.									
PO BOX 1986 COLLINSVILLE			200e, Tax Dept Bannockburn II. 60015-5516				DO NOT WRITE IN THIS SPACE				
UŠ	L IL VELVY	US				3. Date Incorporated or Qualified				7	
							01/29/1985				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		А	pplied For	1
21 26				58-1599501				N	ot Applicable]	
 -	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional	
City & Stat		City & State								equired	4
23	ө	28				6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	intry			This corporation owes or has	·			┨
24	25	29	30	,		1	Personal Property Tax due Ju	-		∏ No	
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New I		gent		1
CT	CORPORATION SYSTEM			81	Name						7
	00 \$O UTH PINE ISLAND RD.			82	Street	Addres	ss (P.O. Box Number is Not Accept	able)			-
PL/	ANTATION FL 33324							······			
				83							
	•			84	City				85 Zip	Code	1
		0 1007 1/00 5: : 1 0:		<u> </u>			C 1 20 41 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>		4	1
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was a	es, the ai authorize	bove d by	the corp	corpo ooratio	ration submits this statement for the m's board of directors. I hereby acc	ept the appo	cnanging i pintment as	ts registered registered	ŀ
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Stat	lutes						•	
SIGNATURE	Signature, typed or printed name of registered ng-	nt and hite if applicable (NOT	- Begistere:	d Aner	nt signal are	required	when reinstating)	DATE			1_
12.	OFFICERS ANI		13.			- Cqo-o-	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	₫
TITLE	V	XX DELETE	1.1 T(1.1 TITLE V		VP			Change	X Addition	(10/97
NAME	SMITH, BRIAN J.		1.2 N/	1.2 NAME J		J.	Bradford James				
STREET ADORESS	2100 SANDERS RD.		1.3 STREET ADD		ADDRESS	210	00 Sanders Rd				CR2E034
CITY-ST-ZIP	NORTHBROOK IL			1Y-\$1	- ZIP	Nor	thbrook, IL 60062				75
TITLE	PASD	☐ DELETE	2.1 71	TLE					Change	☐ Addition	10
NAME	VAN PATTEN, ROBERT M.		2.2 N								1
STREET ADDRESS	6 EXECUTIVE DR. Collinsville IL				ADDRESS						
CITY-ST-ZIP TITLE	VAS	DELETE	2 4 CITY-ST		T - ZIP		·	<u> </u>	Change	Addition	-
NAME	SMITH, MARSCHALL	L Dettile	3.1 TITLE 3.2 NAME						- orange	L. AUGIOUI	1
STREET ADDRESS	2100 SANDERS RD.				ADDRESS						
CITY-ST-ZIP	NORTHBROOK IL		3.4. C								1
TITLE	8	DELETE	4.1 17		1-211	ļ			Change	Addition	1
NAME	ROSE MARIE WILLIAMS		4. 2 N	AME					_ •		
STREET ADDRESS	2100 SANDERS RD.		4.3 \$1	REET	ADDRESS						l
CITY-ST-ZIP	NORTHBROOK IL		4.4 CITY - \$1 - ZIP								
TITLE	ASDT	X DELETE		5.1 TITLE		AT			Change	X Addition	1
NAME	MCCLUSKEY, EUGENE M.		5.2 NAME		į		iis J. Corna				
STREET ADDRESS			REET A	ADDRESS		5 Waukegan Road, S)0E			
CITY-ST-ZIP	BANNOCKBURN IL					Bar	mockburn, IL 6001				_
TITLE	VAS	DELET E	6.1 TIT					i	Change	Addition	1
NAME	ROBERTS, DONALD D.		6.2 NA		ļ	I					
STREET ADDRESS	6 EXECUTIVE DR.				ADDRESS						
CITY-ST-ZIP	COLLINSVILLE IL		6.4 CI	TY-ST	- ZIP						1

14. 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 annual report or suppliemental 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 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 or aged, or on an attachment with an address

IMC AGRIBUSINESS INC.

OFFICERS AND DIRECTOR

OFFICERS NAME	BUSINESS ADDRESS	TITLE
∠ Robert M. Van Patten	6 Executive Drive Collinsville, IL 62234	President and Assistant Secretary
∠ J. Bradford James	2100 Sanders Road Northbrook, IL 60062	Vice President
✓ Marschall I. Smith	2100 Sanders Road Northbrook, IL 60062	Vice President and Assistant Secretary
O Donald D. Roberts	6 Executive Drive Collinsville, IL 62234	Vice President and Assistant Secretary
Lynn F. White	2100 Sanders Road Northbrook, IL 60062	Vice President
✓ Louis J. Corna	2345 Waukegan Rd, Ste E-200 Bannockburn, IL 60015	Assistant Treasurer
✓ Rose Marie Williams	2100 Sanders Road Northbrook, IL 60062	Secretary
David W. Briggs	2345 Waukegan Rd, Ste E-200 Bannockburn, IL 60015	Assistant Secretary
DIRECTOR		
Robert M. Van Patten	6 Executive Drive Collinsville, IL 62234	

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