

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P04829

1. Entity Name
ROYSTER-CLARK AGRIBUSINESS, INC.



Principal Place of Business
**6 EXECUTIVE DRIVE
PO BOX 1986
COLLINSVILLE, IL 62234 US**

Mailing Address
**PO BOX 1986
COLLINSVILLE, IL 62235-1986 US**



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1599501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000097746
03/29/04-80013-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOSHENEK, G. KENNETH
STREET ADDRESS 600 5TH AVENUE 25TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE VP
NAME MURPHY, PAUL
STREET ADDRESS 600 5TH AVENUE 25TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE D
NAME JENKINS, FRANCIS
STREET ADDRESS 600 5TH AVENUE 25TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE D
NAME ABOOD, RANDOLPH G
STREET ADDRESS 600 5TH AVENUE 25TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE DC
NAME DUNBAR, JOEL
STREET ADDRESS 6 EXECUTIVE DRIVE
CITY-ST-ZIP COLLINSVILLE, IL 62234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Joel Dunbar

3-17-04 618-346-7361

Date

Daytime Phone #