


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04829</b> 1. Entity Name <b>ROYSTER-CLARK AGRIBUSINESS, INC.</b>	
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Principal Place of Business <b>6 EXECUTIVE DRIVE PO BOX 1986 COLLINSVILLE, IL 62234 US</b>	Mailing Address <b>PO BOX 1986 COLLINSVILLE, IL 62235-1986 US</b>
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1599501</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSHENEK, G. KENNETH 600 5TH AVENUE 25TH FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, PAUL 600 5TH AVENUE 25TH FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, FRANCIS 600 5TH AVENUE 25TH FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABOOD, RANDOLPH G 600 5TH AVENUE 25TH FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DUNBAR, JOEL 6 EXECUTIVE DRIVE COLLINSVILLE, IL 62234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000293543 04/08/05-80033-003 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 F Dunbar **JOEL F DUNBAR** 3-22-05 618346-7361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #