

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0688280 AB

DOCUMENT # P04829

1. Entity Name
ROYSTER-CLARK AGRIBUSINESS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JAN 17 PM 3:13

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

Mailing Address
PO BOX 1986
COLLINSVILLE IL 62235-1986
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ST
NAME VANCE, WALTER R
STREET ADDRESS 6 EXECUTIVE DRIVE
CITY-ST-ZIP COLLINSVILLE IL 62234 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000011783000
02/04/03--01039--025 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Director & Controller
Joel Dunbar
6 Executive Drive
Collinsville, IL 62234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Dunbar

Date

Daytime Phone #

1-303 618 346-7361

CR2F034 (10/02)