

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90220 018 ***150.00

DOCUMENT # P15049

1. Corporation Name
IMC GLOBAL OPERATIONS INC.

Principal Place of Business
2345 WAUKEGAN RD
STE E-200
BANNOCKBURN IL 60015-5516
US

Mailing Address
2345 WAUKEGAN RD
STE E-200
BANNOCKBURN IL 60015-5516
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1987

4. FEI Number
36-3513204

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 2100 Sanders Road

2a. Mailing Address
26 2100 Sanders Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Northbrook, IL

28 Northbrook, IL

Zip Country

Zip Country

24 60062

25

29 60062-6146

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETE
NAME BUECHE, WENDELL F
STREET ADDRESS 3900 S MISSION HILLS RD APT 501
CITY-ST-ZIP NORTHBROOK IL

1.1 TITLE P/COO ☐ Change ☒ Addition
1.2 NAME Pertz, Douglas A.
1.3 STREET ADDRESS 2100 Sanders Road
1.4 CITY-ST-ZIP Northbrook, IL 60062-6146

TITLE VPAT ☐ DELETE
NAME CORNA, LOUIS J.
STREET ADDRESS 1510 LAKE SHORE DR S
CITY-ST-ZIP BARRINGTON IL 60010

2.1 TITLE AS ☐ Change ☒ Addition
2.2 NAME McGowan, Joseph A., IV
2.3 STREET ADDRESS 2100 Sanders Road
2.4 CITY-ST-ZIP Northbrook, IL 60062-6146

TITLE VPCF ☐ DELETE
NAME BRADFORD, JAMES J.
STREET ADDRESS 55 W GOETHE, UNIT 1216
CITY-ST-ZIP CHICAGO IL 60601

3.1 TITLE VP/T ☐ Change ☒ Addition
3.2 NAME Dunn, E. Paul, Jr.
3.3 STREET ADDRESS 2100 Sanders Road
3.4 CITY-ST-ZIP Northbrook, IL 60062-6146

TITLE VAS ☒ DELETE
NAME SMITH, MARSHALL I.
STREET ADDRESS 883 MCKINLEY RD
CITY-ST-ZIP LAKE FOREST IL

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Williams, Rose Marie
4.3 STREET ADDRESS 2100 Sanders Road
4.4 CITY-ST-ZIP Northbrook, IL 60062-6146

TITLE PCEO ☐ DELETE
NAME FOWLER JR, ROBERT E
STREET ADDRESS 1242 N LAKE SHORE DR
CITY-ST-ZIP CHICAGO IL

5.1 TITLE C/CEO ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME HOFFMAN, STEVEN C.
STREET ADDRESS 12 EXMOOR LANE
CITY-ST-ZIP LINCOLNSHIRE IL

6.1 TITLE VP ☐ Change ☒ Addition
6.2 NAME Huber, John U.
6.3 STREET ADDRESS 2345 Waukegan Road, Suite E-200
6.4 CITY-ST-ZIP Bannockburn, IL 60015-5516

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. McGowan 4/30/99 (847)272-9200

Date

Daytime Phone #

CR2E034 (11/98)