

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90008 029 ***158.75

DOCUMENT # P28634
1. Entity Name
 IMC Salt Inc.

Principal Place of Business
 8300 College Blvd.
 Overland Park KS
 66210

Mailing Address
 SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1047632
 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

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	Director	☐ Delete
NAME	J. Bradford James	
STREET ADDRESS	100 South Saunders Rd. Ste 300	
CITY-ST-ZIP	Lake Forest IL 60045	
TITLE	President	☐ Delete
NAME	Robert F. Clark	
STREET ADDRESS	8300 College Blvd.	
CITY-ST-ZIP	Overland Park KS 66210	
TITLE	VP	☐ Delete
NAME	Keith Clark	
STREET ADDRESS	8300 College Blvd.	
CITY-ST-ZIP	Overland Park KS 66210	
TITLE	VP	☐ Delete
NAME	Matthew J. Dwyer	
STREET ADDRESS	8300 College Blvd.	
CITY-ST-ZIP	Overland Park KS 66210	
TITLE	Treasurer	☐ Delete
NAME	E. Paul Dunn Jr.	
STREET ADDRESS	100 South Saunders Rd.	
CITY-ST-ZIP	Lake Forest IL 60045	
TITLE	Secretary	☐ Delete
NAME	Rose Marie Williams	
STREET ADDRESS	100 South Saunders Rd.	
CITY-ST-ZIP	Lake Forest IL 60062	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: _____ **4/20/01** **913-344-9243**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)