

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

FILED

Jan 30 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P30572** (2)  
1. Corporation Name  
**MID-LANDS CHEMICAL CO., INC.**

|   |  |
|---|--|
| Principal Place of Business<br>6929 N 16 ST.<br>OMAHA NE 68112-3456<br>US | Mailing Address<br>6929 N. 16 ST.<br>OMAHA NE 68112-3456<br>US |
|---|--|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>08/15/1990</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>47-0559498</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |
|---|--|

9. Name and Address of Current Registered Agent  
**PERRY & SCHONE, P.A.  
50 S.E. FOURTH AVENUE  
DELRAY BEACH FL 33483**

|   |
|---|
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | PSD <input type="checkbox"/> DELETE |
| NAME                       | DEGOLER, LINDA L.                   |
| STREET ADDRESS             | 6920 CROWN GATE DR                  |
| CITY-ST-ZIP                | MIAMI LAKES FL                      |
| TITLE                      | VTD <input type="checkbox"/> DELETE |
| NAME                       | DEGOLER, WARREN H.                  |
| STREET ADDRESS             | 6920 CROWN GATE DR                  |
| CITY-ST-ZIP                | MIAMI LAKES FL                      |
| TITLE                      | D <input type="checkbox"/> DELETE   |
| NAME                       | DEGOLER, BROOKE L.                  |
| STREET ADDRESS             | 42 GINGER COVE                      |
| CITY-ST-ZIP                | VALLEY NE                           |
| TITLE                      | D <input type="checkbox"/> DELETE   |
| NAME                       | DEGOLER, SCOTT H.                   |
| STREET ADDRESS             | 6928 CROWN GATE DR                  |
| CITY-ST-ZIP                | MIAMI LAKES FL                      |
| TITLE                      | <input type="checkbox"/> DELETE     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |
| TITLE                      | <input type="checkbox"/> DELETE     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |                    |
|--|--------------------|
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                    |
| 1.2 NAME   |                    |
| 1.3 STREET ADDRESS   |                    |
| 1.4 CITY-ST-ZIP  |                    |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                    |
| 2.2 NAME   |                    |
| 2.3 STREET ADDRESS   |                    |
| 2.4 CITY-ST-ZIP  |                    |
| 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | DIRECTOR           |
| 3.2 NAME   | DEGOLER, Brooke L. |
| 3.3 STREET ADDRESS   | 1376 Williams ST   |
| 3.4 CITY-ST-ZIP  | Denver, CO 80218   |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                    |
| 4.2 NAME   |                    |
| 4.3 STREET ADDRESS   |                    |
| 4.4 CITY-ST-ZIP  |                    |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                    |
| 5.2 NAME   |                    |
| 5.3 STREET ADDRESS   |                    |
| 5.4 CITY-ST-ZIP  |                    |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                    |
| 6.2 NAME   |                    |
| 6.3 STREET ADDRESS   |                    |
| 6.4 CITY-ST-ZIP  |                    |

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.

SIGNATURE: Linda L. Degoler, Pres 1-22-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1 Daytime Phone # 0524331

CR2E034 (10/97)