

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35490 (2)
1. Corporation Name
PMI NUTRITION, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| Principal Place of Business 1401 S. HANLEY ROAD POB 66812 ST LOUIS MO 63144 | | Mailing Address 1401 S. HANLEY ROAD POB 66812 ST LOUIS MO 63144 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | |
| 3. Date Incorporated or Qualified 09/13/1991 | | 4. FEI Number 36-3437650 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABBOTT, D. L. | 1.2 NAME | |
| STREET ADDRESS | 1401 S. HANLEY RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. LOUIS MO | 1.4 CITY-ST-ZIP | |
| TITLE | TVP | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALEXANDER, I. R. | 2.2 NAME | Vice President |
| STREET ADDRESS | 1401 S. HANLEY RD. | 2.3 STREET ADDRESS | August F. Ottinger |
| CITY-ST-ZIP | ST. LOUIS MO | 2.4 CITY-ST-ZIP | 1401 S. Hanley Road |
| TITLE | TO | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEINZ, D. G. | 3.2 NAME | |
| STREET ADDRESS | 1401 S. HANLEY ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. LOUIS MO | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OTTINGER, A. F. | 4.2 NAME | |
| STREET ADDRESS | 1401 S. HANLEY RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. LOUIS MO | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALEXANDER, I. R. | 5.2 NAME | Director |
| STREET ADDRESS | 1401 S. HANLEY RD. | 5.3 STREET ADDRESS | David L. Abbott |
| CITY-ST-ZIP | ST. LOUIS MO | 5.4 CITY-ST-ZIP | 1401 S. Hanley Road |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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

[Signature]

4/1/98

10/27/98

CR2E034 (10/97)

PMI NUTRITION, INC.
FEIN: 36-3437650

| <u>TITLE</u> | <u>OFFICERS</u> | <u>HOME ADDRESS</u> | <u>BUSINESS ADDRESS</u> |
|--|--------------------|---|---|
| President and Assistant Secretary | David L. Abbott | 2 Wheaton Point Ct. Chesterfield, MO 63005 | 1401 S. Hanley Rd. St. Louis, MO 63144 |
| Vice President, General Counsel and Secretary | August F. Ottinger | 2755 Diamond Ridge Ln. St. Louis, MO 63131 | 1401 S. Hanley Rd. St. Louis, MO 63144 |
| Tax Officer and Assistant Treasurer | Del G. Mainz | 7103 Christopher St. Louis, MO 63129 | 1401 S. Hanley Rd. St. Louis, MO 63144 |
| Director | David L. Abbott | 2 Wheaton Point Ct. Chesterfield, MO 63005 | 1401 S. Hanley Rd. St. Louis, MO 63144 |