

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

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

05-10-1999 90110 035 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39669

1. Corporation Name

WESTERN AG-MINERALS COMPANY

Principal Place of Business

450 GEARS ROAD  
SUITE 850  
HOUSTON TX 77067  
US

Mailing Address

2345 WAUKEGAN ROAD  
SUITE E-200  
BANNOCKBURN IL 60015-5516  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1992

4. FEI Number

68-0107034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 2100 Sanders Road

Suite, Apt. #, etc.

27 Attn: Tax Dept.

28 City & State  
Northbrook, IL

Zip

Country

29 60062-6146

30

US

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUBER, JOHN U	
STREET ADDRESS	2345 WAUKEGAN ROAD, SUITE E-200	
CITY-ST-ZIP	BANNOCKBURN IL 60015	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	FOWLER, ROBERT E JR	
STREET ADDRESS	2100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	SMITH, MARSHALL I	
STREET ADDRESS	2100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROSE M	
STREET ADDRESS	2100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, CHESLEY BRUCE	
STREET ADDRESS	500 30. SOUDAN AVE.	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, DAVID W	
STREET ADDRESS	2345 WAUKEGAN ROAD, SUITE E-200	
CITY-ST-ZIP	BANNOCKBURN IL 60015	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dunn, E. Paul, Jr.	
2.3 STREET ADDRESS	2100 Sanders Road	
2.4 CITY-ST-ZIP	Northbrook, IL 60062-6146	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McGowan, Joseph A., IV	
3.3 STREET ADDRESS	2100 Sanders Road	
3.4 CITY-ST-ZIP	Northbrook, IL 60062-6146	
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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. McGowan, IV

4/30/99

(847) 272-9200

Date

Daytime Phone #

CR2E034 (1/198)