## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # \$80660** POTASH CORPORATION OF SASKATCHEWAN (FLORIDA) INC 01-26-2001 90061 010 \*\*\*150.00 Principal Place of Business Mailing Address 101 E. KENNEDY BLVD. 101 E. KENNEDY BLVD. SUITE 2700 **SUITE 2700** 0 0 4 0 4 1 TAMPA FL 33602 Tampa FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3100109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLIS, HAROLD W., JR. Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD. **SUITE 2700** TAMPA FL 33602 City Zin 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP TITLE ☐ Delete X Change ☐ Addition SMITH, CARLOS NAME NAME Smith, Carlos 1801 E. MEMORIAL BLVD. STREET ADDRESS STREET ADDRESS 1607 W. Olive Street CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP Lakeland, FL 33815 TITLE ☐ Delete TITLE Addition DPA Change NAME MULLIS, HAROLD W., JR. NAME Pasztor, Tom STREET ADDRESS 101 E. KENNEDY BLVD. STREET ADDRESS Suite 410, 1101 Skokie Blvd. CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Northbrook, IL 60062 DT -☐ Delete TITLE TITLE Change \_ Addition TOWNSEND, CHARLES D NAME NAME STREET ADDRESS 1607 W. OLIVE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LAKELAND FL 33815** DEA TITLE ☐ Delete TITLE DEA Change ☐ Addition SCHIMMING, BILL NAME NAME Schimming, Bill STREET ADDRESS 3101 GLENWOOD AVE STREET ADDRESS Suite 410, 1101 Skokie Blvd. CITY-ST-7IP RALEIGH NC 27612 CITY-ST-ZIP Northbrook, IL 60062 DPA TITLE X Delete TITLE Change Addition CARPENTER, J. RANDOLPH NAME NAME STREET ADDRESS 3101 GLENWOOD AVENUE STREET ADDRESS CITY-ST-ZIP RALEIGH NC 27612 CITY-ST-ZIP AS TITLE ☐ Delete TITLE Change ☐ Addition HAMPTON, JOHN L.M.

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 with all other like empowered. Smith, President an address

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

500, 122 FIRST AVENUE SOUTH

SASKATOON, SASKATCHEWAN S7K -7G3

NAME

STREET ADDRESS

CITY-ST-7IP

So ce < GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ١٥١ط

Daytime Phone #