

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80660

FILED  
Feb 24, 2006  
Secretary of State

Entity Name: POTASH CORPORATION OF SASKATCHEWAN (FLORIDA) INC.

**Current Principal Place of Business:**

1101 SKOKIE BOULEVARD  
SUITE 400  
NORTHBROOK, FL 60062

**New Principal Place of Business:**

**Current Mailing Address:**

1101 SKOKIE BOULEVARD  
SUITE 400  
NORTHBROOK, FL 60062

**New Mailing Address:**

FEI Number: 59-3100109      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: REGAN, TOM  
Address: 1101 SKOKIE BLVD STE 400  
City-St-Zip: NORTHBROOK, IL 60062

Title: AS      ( ) Delete  
Name: MULLIS, HAROLD W., J. R.  
Address: 101 E. KENNEDY BLVD.  
City-St-Zip: TAMPA, FL

Title: T      ( ) Delete  
Name: COLUMBO, RICHARD B  
Address: 1607 W. OLIVE STREET  
City-St-Zip: LAKELAND, FL 33815

Title: DEA      ( ) Delete  
Name: SCHIMMING, BILL  
Address: 1101 SKOKIE BLVD STE 400  
City-St-Zip: NORTHBROOK, IL 60062

Title: GM      ( ) Delete  
Name: BELLAR, JIM  
Address: 1607 W. OLIVE ST  
City-St-Zip: LAKELAND, FL 33815

Title: S      ( ) Delete  
Name: TORAIN, KARIN S  
Address: 1101 SKOKIE BLVD #400  
City-St-Zip: NORTHBROOK, IL 60062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIN S. TORAIN

S

02/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date