## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80660

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

**FILED** Apr 29, 2013 Secretary of State CC3129568217

## **Current Principal Place of Business:**

1101 SKOKIE BOULEVARD SUITE 400

NORTHBROOK, IL 60062

## **Current Mailing Address:**

1101 SKOKIE BOULEVARD SUITE 400 NORTHBROOK, IL 60062

FEI Number: 59-3100109 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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

Officer/Director Detail:

Title **DIRECTOR / PRESIDENT** Title ASSISTANT SECRETARY

HEIMANN, BRENT PODWIKA, JOSEPH A Name Name

Address 1101 SKOKIE BOULEVARD Address 1101 SKOKIE BOULEVARD

SUITE 400 SUITE 400

NORTHBROOK IL 60062 NORTHBROOK IL 60062 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title DIRECTOR, ENVIRONMENT

TORAIN, KARIN S. BROM, MICHAEL Name Name

1101 SKOKIE BOULEVARD 1101 SKOKIE BOULEVARD Address Address

SUITE 400 SUITE 400

NORTHBROOK IL 60062 NORTHBROOK IL 60062 City-State-Zip: City-State-Zip:

Title DIRECTOR, U.S. TAXES Title ASSISTANT SECRETARY HARNUNG, RICHARD KIRKPATRICK, ROBERT A. Name Name

1101 SKOKIE BOULEVARD 500, 122 FIRST AVENUE SOUTH Address Address

SUITE 400

City-State-Zip: SASKATOON SASKATCHEWAN City-State-Zip:

NORTHBROOK IL 60062 S7K7G3

Title V.P., OPERATIONS Title **TREASURER** Name THORNTON, KEITH Name BROWNLEE, WAYNE

Address 500, 122 FIRST AVENUE SOUTH Address 1101 SKOKIE BOULEVARD

SUITE 400

SASKATOON SASKATCHEWAN City-State-Zip: City-State-Zip: NORTHBROOK IL 60062 S7K7G3

I hereby 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 all other like empowered.

04/29/2013 SIGNATURE: KARIN S. TORAIN SECRETARY