

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004151

FILED
Mar 07, 2014
Secretary of State
CC4810601181

Entity Name: THE MOSAIC COMPANY, A CROP NUTRITION COMPANY

Current Principal Place of Business:

3033 CAMPUS DR, SUITE E490
PLYMOUTH, MN 55441

Current Mailing Address:

3033 CAMPUS DR, SUITE E490
PLYMOUTH, MN 55441

FEI Number: 20-1026454

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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 P, CEO
Name PROKOPANKO, JAMES T
Address 3033 CAMPUS DR, SUITE E490
City-State-Zip: PLYMOUTH MN 55441

Title EVPS
Name MACK, RICHARD L
Address 3033 CAMPUS DR, SUITE E490
City-State-Zip: PLYMOUTH MN 55441

Title EVP, CFO
Name STRANGHOENER, LAWRENCE W
Address 3033 CAMPUS DR, SUITE E490
City-State-Zip: PLYMOUTH MN 55441

Title VPT
Name BARROS, CRISTIANO ("CRIS") C
Address 3033 CAMPUS DR, SUITE E490
City-State-Zip: PLYMOUTH MN 55441

Title VP
Name MADDEN, TODD W
Address 3033 CAMPUS DR, SUITE E490
City-State-Zip: PLYMOUTH MN 55441

Title SVP
Name BRAUSEN, ANTHONY T
Address 3033 CAMPUS DR, SUITE E490
City-State-Zip: PLYMOUTH MN 55441

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.

SIGNATURE: TODD W MADDEN

VP

03/07/2014

Electronic Signature of Signing Officer/Director Detail

Date