2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003605

Entity Name: PCS SALES (USA), INC.

Current Principal Place of Business:

1101 SKOKIE BOULEVARD

SUITE 500

NORTHBROOK, IL 60062

Current Mailing Address:

1101 SKOKIE BOULEVARD

SUITE 500

NORTHBROOK, IL 60062 US

FEI Number: 36-4065355 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:

City-State-Zip:

Title

Electronic Signature of Registered Agent

Date

FILED Feb 24, 2020

Secretary of State

5260837351CC

Officer/Director Detail:

Title DIRECTOR / TREASURER Title DIRECTOR / PRESIDENT

Name FARAH, PEDRO Name REYNOLDS, CHRISTOPHER

Address 13131 LAKE FRASER DRIVE SE Address 1101 SKOKIE BLVD

SUITE 500

City-State-Zip: CALGARY ALBERTA T2J 7E8

City-State-Zip: NORTHBROOK IL 60062

Title DIRECTOR/ASSISTANT SECRETARY

V.P., TRANSPORTATION,

Name LYNCH, JOHN T Title V.P., FERTILIZER SALES WEST

Address 1101 SKOKIE BOULEVARD Name HARDY, DEREK

SUITE 500 Address 1101 SKOKIE BOULEVARD

NORTHBROOK IL 60062 SUITE 500
City-State-Zip: NORTHBROOK IL 60062

Title V.P., COMMERCIAL Title V.P. FEED SALES
Name VINCENT, DAVID G.

Name ETIENNE, MARK
Address 1101 SKOKIE BOULEVARD

SUITE 500 Address 1101 SKOKIE BOULEVARD SUITE 500

City-State-Zip: NORTHBROOK IL 60062

City-State-Zip: NORTHBROOK IL 60062

от**у** от температи

DISTRIBUTION & LOGISTICS

Title

V.P., FERTILIZER SALES SOUTH

Name GILLESPIE, CHRISTINE Name WILLIAMS, SHANE

Address 13131 LAKE FRASER DRIVE SE Address 1101 SKOKIE BOULEVARD

SUITE 500

City-State-Zip: CALGARY AB T2J 7E8 City-State-Zip: NORTHBROOK IL 60062

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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: JOHN T. LYNCH ASSISTANT SECRETARY 02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

V.P., ENGINEERING, TECHNICAL & CAPITAL Title Title V.P., TREASURY Name STROMAN, WARREN Name DEMARS, JEFFREY

Address 1101 SKOKIE BOULEVARD Address 5296 HARVEST LAKE DRIVE

SUITE 500

Name

Address

City-State-Zip: LOVELAND CO 80538 NORTHBROOK IL 60062 City-State-Zip:

Title SR. DIRECTOR, TRANSPORTATION V.P. & SECRETARY Title COMMERCIAL

Name

KIRKPATRICK, ROBERT A Name DORAIS, JOHN Address 500, 122 FIRST AVENUE SOUTH Address

13131 LAKE FRASER DRIVE SE City-State-Zip: CALGARY ALBERTA T2J 7E8 City-State-Zip: SASAKATOON SK S7K7G3

Title SR. DIRECTOR, DISTRIBUTION Title DIRECTOR, ASSISTANT SECRETARY

NETWORK

DEMONTE, JESSICA E. Name CARTER, SCOTT 1101 SKOKIE BLVD

5296 HARVEST LAKE DRIVE Address SUITE 500

City-State-Zip: LOVELAND CO 80538 City-State-Zip: NORTHBROOK IL 60062