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Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 848380					
1. Corporation Name THE IAMS COMPANY					
Principal Place of Business CHICK. PHILIP G. 7250 POE AVENUE DAYTON OH 45414			Mailing Address CHICK. PHILIP G. 7250 POE AVENUE DAYTON OH 45414		
2. Principal Place of Business 21 The Iams Company Suite, Apt. #, etc. 22 7250 Poe Avenue City & State 23 Dayton, OH Zip Country 24 45414 25 USA		2a. Mailing Address 26 Mann, Robin Suite, Apt. #, etc. 27 7250 Poe Avenue City & State 28 Dayton, OH Zip Country 29 45414 30 USA		3. Date Incorporated or Qualified 03/02/1981 4. FEI Number 31-0581456 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHODES, HEDRIC		1.2 NAME	Hill, Allen M	
STREET ADDRESS	3251 HIGELAVE		1.3 STREET ADDRESS	805 Blossom Heath Rd.	
CITY-ST-ZIP	SARASOTA FL 34242		1.4 CITY-ST-ZIP	Kettering, OH 45419	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAXLAX, LORNE R		2.2 NAME		
STREET ADDRESS	950 REEF ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, DAVID		3.2 NAME		
STREET ADDRESS	3410 OYSTER BAY CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALLER, DARYL P		4.2 NAME		
STREET ADDRESS	1709 NEW ISLAND DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLKER, CATHY		5.2 NAME		
STREET ADDRESS	8570 BROOK MEADOW CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEWISVILLE NC 27023		5.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHILE, CLAYTON L		6.2 NAME		
STREET ADDRESS	7250 POE AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** Peter Waters, Treasurer 3/16/99 (937) 898-7387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)