

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90042 003 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000002868**

1. Corporation Name  
**IMC CHEMICALS INC.**



Principal Place of Business  
**8300 COLLEGE BLVD.  
 OVERLAND PARK KS 66210**

Mailing Address  
**8300 COLLEGE BLVD.  
 OVERLAND PARK KS 66210**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date incorporated or Qualified  
**06/10/1996**

4. FEI Number  
**13-3579263**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	COO <input type="checkbox"/> DELETE
NAME	BOYCE, MICHAEL R
STREET ADDRESS	8300 COLLEGE BLVD.
CITY-ST-ZIP	OVERLAND PARK KS 66210
TITLE	P <input type="checkbox"/> DELETE
NAME	TANCREDI, JOHN F
STREET ADDRESS	8300 COLLEGE BLVD.
CITY-ST-ZIP	OVERLAND PARK KS
TITLE	VCFO <input type="checkbox"/> DELETE
NAME	DE TERESI, EMANUEL J
STREET ADDRESS	399 PARK AVE., 32ND FL.
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	V <input type="checkbox"/> DELETE
NAME	HUANG, JACOB C
STREET ADDRESS	13068 MAIN ST
CITY-ST-ZIP	TRONA CA 93562
TITLE	VS <input type="checkbox"/> DELETE
NAME	KILPATRICK, DONALD G
STREET ADDRESS	399 PARK AVE., 32ND FL.
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	V <input type="checkbox"/> DELETE
NAME	MOAK, CARL F
STREET ADDRESS	13217 MAIN ST.
CITY-ST-ZIP	TRONA CA 93562

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SEE ATTACHED</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all others like empowered.

SIGNATURE: *Scott Randolph* **SCOTT RANDOLPH** Date: **4/27/99** Daytime Phone #: **913-344-9367**

CR2E034 (1/98)

545580-700423  
Doc # F96000002868

**IMC CHEMICALS INC.  
OFFICERS AND DIRECTOR**

<b>OFFICERS</b>	<b>NAME</b>	<b>ADDRESS</b>
President	John F. Tancredi	8300 College Boulevard Overland Park, Kansas 66210
Vice President & Assistant Secretary	Matthew J. Dowd	399 Park Avenue - 32nd Floor New York, New York 10022
Vice President	Paul Ferrall	8300 College Boulevard Overland Park, Kansas 66210
Vice President	Jacob C. Huang	13200 Main Street Trona, CA 93562-0367
Vice President	J. Bradford James	2100 Sanders Road Northbrook, IL 60062-6146
Vice President	Scott Randolph	8300 College Boulevard Overland Park, Kansas 66210
Treasurer	E. Paul Dunn, Jr.	2100 Sanders Road Northbrook, IL 60062-6146
Secretary	Rose Marie Williams	2100 Sanders Road Northbrook, IL 60062-6146
Assistant Treasurer	Louis J. Corna	2100 Sanders Road Northbrook, IL 60062-6146
Assistant Secretary	Joseph A. McGowan, IV	2100 Sanders Road Northbrook, IL 60062-6146

<b>DIRECTOR</b>	<b>NAME</b>	<b>ADDRESS</b>
Director	Matthew J. Dowd	399 Park Avenue - 32nd Floor New York, New York 10022