

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000002868

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: IMC CHEMICALS INC.

Current Principal Place of Business:

8300 COLLEGE BLVD.
OVERLAND PARK, KS 66210

New Principal Place of Business:

9401 INDIAN CREEK PARKWAY
BUILDING 40, SUITE 1000
OVERLAND PARK, KS 66210

Current Mailing Address:

8300 COLLEGE BLVD.
OVERLAND PARK, KS 66210

New Mailing Address:

9401 INDIAN CREEK PARKWAY
BUILDING 40, SUITE 1000
OVERLAND PARK, KS 66210

FEI Number: 13-3579263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPAS () Delete
Name: DOWD, MATTHEW J
Address: 399 PARK AVE.- 32ND FL
City-St-Zip: NEW YORK, FL 10022

Title: P () Delete
Name: TANCREDI, JOHN F
Address: 8300 COLLEGE BLVD.
City-St-Zip: OVERLAND PARK, KS

Title: VP () Delete
Name: COLE, STEPHEN W
Address: 8300 COLLEGE BLVD
City-St-Zip: OVERLAND PARK, KS 66210

Title: VP () Delete
Name: PERI, AVINASH
Address: 8300 COLLEGE BLVD
City-St-Zip: OVERLAND PARK, KS 66210

Title: T () Delete
Name: DUNN, PAUL E JR
Address: 2100 SANDERS RD
City-St-Zip: NORTHBROOK, IL 600626146

Title: S () Delete
Name: WILLIAMS, ROSE M
Address: 2100 SANDERS RD
City-St-Zip: NORTHBROOK, IL 600626146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN COLE

VP

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date