

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 08 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005836 (9)**  
 1. Corporation Name  
**DARLING INTERNATIONAL INC.**



Principal Place of Business <b>251 O'CONNOR RIDGE BOULEVARD SUITE 300 IRVING TX 75038</b>	Mailing Address <b>251 O'CONNOR RIDGE BOULEVARD SUITE 300 IRVING TX 75038</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>22</b> Suite, Apt. #, etc.	<b>23</b> City & State	<b>24</b> Zip	<b>25</b> Country	<b>26</b> 2a. Mailing Address	<b>27</b> Suite, Apt. #, etc.	<b>28</b> City & State	<b>29</b> Zip	<b>30</b> Country
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<b>3.</b> Date Incorporated or Qualified <b>11/07/1996</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>36-2495346</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LONGMIRE, DENNIS B	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	CPOS	<input type="checkbox"/> DELETE
NAME	WITT, JOHN R	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	GHAZEY, KENNETH A	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COALSON, JAMES A	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCMURTRY, WILLIAM R	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CUMMINGS, RON E	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX 75038	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEVY, MARK	
1.3 STREET ADDRESS	251 O'CONNOR RIDGE BLVD., SUITE 300	
1.4 CITY-ST-ZIP	IRVING, TX 75038	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PHILLIPS, BRAD	
2.3 STREET ADDRESS	251 O'CONNOR RIDGE BLVD., SUITE 300	
2.4 CITY-ST-ZIP	IRVING, TX 75038	
3.1 TITLE		<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** 9-2-97

CF2E034 (4/97)