

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 13 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005836 (9)**
 1. Corporation Name
DARLING INTERNATIONAL INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1996			
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 36-2495346			
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
9. Name and Address of Current Registered Agent				8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
				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			

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGMIRE, DENNIS B	1.2 NAME	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75038	1.4 CITY-ST-ZIP	
TITLE	CFOS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITT, JOHN R	2.2 NAME	John Muse
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	2.3 STREET ADDRESS	251 O'connor Ridge Blvd., Suite 300
CITY-ST-ZIP	IRVING TX 75038	2.4 CITY-ST-ZIP	Irving, TX 75038
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, MARK	3.2 NAME	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COALSON, JAMES A	4.2 NAME	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75038	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURTRY, WILLIAM R	5.2 NAME	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75038	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, BRAD	6.2 NAME	Asst. Secretary
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	6.3 STREET ADDRESS	M.A. Reed
CITY-ST-ZIP	IRVING TX	6.4 CITY-ST-ZIP	251 O'connor Ridge Blvd., Suite 300

14. I hereby certify that the information supplied with this filing does not qualify for the exception 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.

SIGNATURE: *M.A. Reed* 8/08/98 972-717-0300

CR2E034 (5/98)