

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90418 026 \*\*\*150.00

**DOCUMENT # F96000005836**

1. Entity Name

**DARLING INTERNATIONAL INC.**

Principal Place of Business

Mailing Address

251 O'CONNOR RIDGE BOULEVARD  
 SUITE 300  
 IRVING TX 75038

251 O'CONNOR RIDGE BOULEVARD  
 SUITE 300  
 IRVING TX 75038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-2495346**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LONGMIRE, DENNIS B	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MUSE, JOHN	
STREET ADDRESS	251 O'CONNOR RIDGE BLVD STE 300	
CITY-ST-ZIP	IRVING-TX 75038	
TITLE	V	<input type="checkbox"/> Delete
NAME	KILANOWSKI, MITCHELL	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	V	<input type="checkbox"/> Delete
NAME	KATCHEN, NEIL	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCMURTRY, WILLIAM R	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHILLIPS, BRAD	
STREET ADDRESS	251 O'CONNOR RIDGE BOULEVARD, SUITE 300	
CITY-ST-ZIP	IRVING TX	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Ransweiler	
STREET ADDRESS	251 O'connor Ridge Blvd. # 300	
CITY-ST-ZIP	Irving, TX 75038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. A. Reed	
STREET ADDRESS	251 O'connor Ridge Blvd. # 300	
CITY-ST-ZIP	Irving, TX 75038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*M.A. Reed* M.A. REED, Asst. Sec.

4/14/00

(972) 717-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE25E924 10/00