

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 11 PM 3: 06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P15049 (0)

1. Corporation Name
IMC GLOBAL OPERATIONS INC.

Principal Place of Business Mailing Address

**ATTN: TAX DEPARTMENT
ONE NELSON C WHITE PARKWAY
MUNDELEIN IL 60060-6528**

**ATTN: TAX DEPARTMENT
ONE NELSON C WHITE PARKWAY
MUNDELEIN IL 60060-6528**

3. Date incorporated or Qualified 3a. Date of Last Report

07/01/1987 **04/13/1994**

2. Principal Place of Business		2a. Mailing Address		4. FBI Number		Applied For	
21	22	26	27	36-3519204		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	C/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUECHE, WENDELL F	1.2 NAME	
STREET ADDRESS	18270 LE CHATEAU	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKFIELD WI	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNEKER, ROBERT C.	2.2 NAME	
STREET ADDRESS	1512 SURREY LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON HTS IL	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLONE, LOUIS JR	3.2 NAME	
STREET ADDRESS	27898 NO CHEVY CHASE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MUNDELEIN IL	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARSCHALL I.	4.2 NAME	
STREET ADDRESS	3851 N. PARKWAY DR #1-1	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTHBROOK IL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEIR, JAMES D.	5.2 NAME	
STREET ADDRESS	1149 FOURTH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	LIBERTYVILLE. IL	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, STEVEN C.	6.2 NAME	
STREET ADDRESS	12 EXMOOR LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	LINCOLNSHIRE IL	6.4 CITY - ST - ZIP	

Please see attached for a complete list of officers and directors.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information furnished 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 807, Florida Statutes; and that my name appears in Block _____ of Block _____ if changed, or on an attachment with an address.

SIGNATURE: **Louis Spillone, Jr.** 4-5-95 (708) 970-3000
(Date) (Typed Name)



P15049

IMC GLOBAL OPERATIONS INC.

OFFICERS

<u>Name and Home Address</u>	<u>Title</u>
Wendell F. Bueche 3900 S. Mission Hills Rd., Apt. 501 Northbrook, IL 60062	Chairman and Chief Executive Officer
James D. Speir 1148 S. Fourth Avenue Libertyville, IL 60048	President and Chief Operating Officer
Robert C. Brauneker 1512 Surrey Lane Arlington Heights, IL 60005	Executive VP and Chief Financial Officer
Robert M. Felsenthal 512 Koerper Court Wilmette, IL 60091	Senior Vice President, Business Development
C. Steven Hoffman 12 Exmoor Lane Lincolnshire, IL 60069	Senior Vice President
Allen C. Miller 1239 Eton Court Buffalo Grove, IL 60089	Senior Vice President, Human Resources
Marschall I. Smith 883 McKinley Road Lake Forest, IL 60045	Senior VP, Secretary, and General Counsel
Peter Hong 11 Mulberry Drive Hawthorn Woods, IL 60047	Vice President and Treasurer
Louis Spillone, Jr. 27898 N. Chevy Chase Road Mundelein, IL 60060	Director of Taxes and Assistant Secretary
Mary Elyn R. Hogan 21877 N. Vesper St. Barrington, IL 60010	Assistant Secretary
James W. Ritt 1824 Cree Lane Mt. Prospect, IL 60056	Assistant Secretary

DIRECTOR

Wendell F. Bueche
3900 S. Mission Hills Road, Apt. 501
Northbrook, IL 60062