

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90220 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P15049

1. Corporation Name
IMC GLOBAL OPERATIONS INC.



Principal Place of Business
2345 WAUKEGAN RD
STE E-200
BANNOCKBURN IL 60015-5516
 US

Mailing Address
2345 WAUKEGAN RD
STE E-200
BANNOCKBURN IL 60015-5516
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1987

2. Principal Place of Business
21 2100 Sanders Road

2a. Mailing Address
26 2100 Sanders Road

4. FEI Number
36-3513204

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27 Attn: Tax Dept

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 Northbrook, IL

City & State
28 Northbrook, IL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 60062 25

Zip Country
29 60062-6146 30 US

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BUECHE, WENDELL F	
STREET ADDRESS	3900 S MISSION HILLS RD APT 501	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VPAT	<input type="checkbox"/> DELETE
NAME	CORNA, LOUIS J.	
STREET ADDRESS	1510 LAKE SHORE DR S	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	BRADFORD, JAMES J.	
STREET ADDRESS	55 W GOETHE, UNIT 1216	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MARSHALL I.	
STREET ADDRESS	883 MCKINLEY RD	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	FOWLER JR, ROBERT E	
STREET ADDRESS	1242 N LAKE SHORE DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOFFMAN, STEVEN C.	
STREET ADDRESS	12 EXMOOR LANE	
CITY-ST-ZIP	LINCOLNSHIRE IL	

1.1 TITLE	P/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pertz, Douglas A.	
1.3 STREET ADDRESS	2100 Sanders Road	
1.4 CITY-ST-ZIP	Northbrook, IL 60062-6146	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McGowan, Joseph A., IV	
2.3 STREET ADDRESS	2100 Sanders Road	
2.4 CITY-ST-ZIP	Northbrook, IL 60062-6146	
3.1 TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dunn, E. Paul, Jr.	
3.3 STREET ADDRESS	2100 Sanders Road	
3.4 CITY-ST-ZIP	Northbrook, IL 60062-6146	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Williams, Rose Marie	
4.3 STREET ADDRESS	2100 Sanders Road	
4.4 CITY-ST-ZIP	Northbrook, IL 60062-6146	
5.1 TITLE	C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Huber, John U.	
6.3 STREET ADDRESS	2345 Waukegan Road, Suite E-200	
6.4 CITY-ST-ZIP	Bannockburn, IL 60015-5516	

14. 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 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, with all other like empowered.

SIGNATURE: Joseph A. McGowan 4/30/99 (847)272-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)