
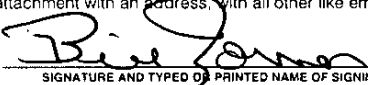


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90025 005 ***150.00

DOCUMENT # P28634			
1. Entity Name NORTH AMERICAN SALT COMPANY			
Principal Place of Business 8300 COLLEGE BLVD OVERLAND PARK, KS 66210		Mailing Address 8300 COLLEGE BLVD OVERLAND PARK, KS 66210	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCEY, MICHAEL E	NAME	
STREET ADDRESS	8300 COLLEGE BLVD	STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCEY, MICHAEL E	NAME	
STREET ADDRESS	8300 COLLEGE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, KEITH	NAME	Carol Wood, Carol
STREET ADDRESS	8300 COLLEGE PARK	STREET ADDRESS	8300 College Blvd
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	Overland Park, KS 66210-1841
TITLE	VPS <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNDERDOWN, RODNEY	NAME	Fallis, John
STREET ADDRESS	8300 COLLEGE BLVD	STREET ADDRESS	8300 College Blvd
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	Overland Park, KS 66210-1841
TITLE	SEC <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORNES, BILL	NAME	Underdown, Rodney
STREET ADDRESS	8300 COLLEGE BLVD	STREET ADDRESS	8300 College Blvd
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	Overland Park, KS 66210-1841
TITLE	VPGM <input type="checkbox"/> Delete	TITLE	Senior VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, STEVEN	NAME	Wolf, Steven
STREET ADDRESS	8300 COLLEGE BLVD	STREET ADDRESS	8300 College Blvd
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	Overland Park, KS 66210-1841
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Bill Zornes	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		913-344-9209	
		Daytime Phone #	