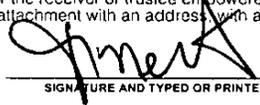


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 024 ***150.00

DOCUMENT # P28634			
1. Entity Name NORTH AMERICAN SALT COMPANY			
Principal Place of Business 9900 WEST 109TH STREET SUITE 600 OVERLAND PARK, KS 66210		Mailing Address 9900 WEST 109TH STREET SUITE 600 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
		04262006 Chg-P CR2E034 (11/05)	
		4. FEI Number 48-1047632	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
_6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCEY, MICHAEL E	NAME	
STREET ADDRESS	8300 COLLEGE BLVD	STREET ADDRESS	9900 West 109th St, Suite 600
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCEY, MICHAEL E	NAME	
STREET ADDRESS	8300 COLLEGE BLVD.	STREET ADDRESS	9900 West 109th St, Suite 600
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, KEITH	NAME	
STREET ADDRESS	8300 COLLEGE PARK	STREET ADDRESS	9900 West 109th St, Suite 600
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERDOWN, RODNEY	NAME	
STREET ADDRESS	8300 COLLEGE BLVD	STREET ADDRESS	9900 West 109th St, Suite 600
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	
TITLE	SEC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZORNES, BILL	NAME	VP-Tax, Ass't Sec
STREET ADDRESS	8300 COLLEGE BLVD	STREET ADDRESS	Timothy Mertz
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	9900 West 109th St, Suite 600
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, STEVEN	NAME	
STREET ADDRESS	8300 COLLEGE BLVD	STREET ADDRESS	9900 West 109th St, Suite 600
CITY-ST-ZIP	OVERLAND PARK, KS 662101841	CITY-ST-ZIP	Overland Park, KS 66210
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Timothy Mertz 4/26/06 (913) 344-9248	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	