

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 27, 2009
Secretary of State**

DOCUMENT# P28634

Entity Name: NORTH AMERICAN SALT COMPANY

Current Principal Place of Business:

9900 WEST 109TH STREET
SUITE 600
OVERLAND PARK, KS 66210

New Principal Place of Business:

Current Mailing Address:

9900 WEST 109TH STREET
SUITE 600
OVERLAND PARK, KS 66210

New Mailing Address:

FEI Number: 48-1047632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRISIMITZAKIS, ANGELO C
Address: 9900 W 109TH ST STE 600
City-St-Zip: OVERLAND PARK, KS 662101841

Title: P () Delete
Name: BRISIMITZAKIS, ANGELO C
Address: 9900 W 109TH ST STE 600
City-St-Zip: OVERLAND PARK, KS 662101841

Title: VP () Delete
Name: CLARK, KEITH
Address: 9900 W 109TH ST STE 600
City-St-Zip: OVERLAND PARK, KS 662101841

Title: VP () Delete
Name: UNDERDOWN, RODNEY
Address: 9900 W 109TH ST STE 600
City-St-Zip: OVERLAND PARK, KS 662101841

Title: VPAS () Delete
Name: MERTZ, TIMOTHY
Address: 9900 W 109TH ST STE 600
City-St-Zip: OVERLAND PARK, KS 662101841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MERTZ

VPAS

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date