

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28634 (4)**
1. Corporation 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**

3. Date Incorporated or Qualified: **03/27/1990** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **48-1047632** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DEMETREE, MARK C.	
STREET ADDRESS	8300 COLLEGE BLVD OVERLAND PARK KS	
CITY-ST-ZIP	CEO	
TITLE	BOYCE, MICHAEL R.	<input type="checkbox"/> DELETE
NAME	8300 COLLEGE BLVD	
STREET ADDRESS	PARSIPPANY NJ	
CITY-ST-ZIP	V	<input type="checkbox"/> DELETE
TITLE	MURPHY, GERALD, M.	
NAME	8300 COLLEGE BLVD	
STREET ADDRESS	OVERLAND PARK KS	
CITY-ST-ZIP	VTD	<input type="checkbox"/> DELETE
TITLE	NICK, RICHARD J.	
NAME	399 PARK AVE., 32ND FLOOR	
STREET ADDRESS	NEW YORK NY	
CITY-ST-ZIP	D	<input type="checkbox"/> DELETE
TITLE	DONAHUE, RICHARD	
NAME	399 PARK AVENUE	
STREET ADDRESS	NEW YORK NY	
CITY-ST-ZIP	AST	<input type="checkbox"/> DELETE
TITLE	DAY, SUSAN E.	
NAME	8300 COLLEGE BLVD	
STREET ADDRESS	OVERLAND PARK KS	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Overland Park, KS
2.4 CITY-ST-ZIP	66210
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 its 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 unchanged, or on an attachment with an address.

SIGNATURE: *Philip A. Burdick* Philip A. Burdick 4/22/96 (913) 344-9246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (12/95)