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Apr 30, 1999 8:00 am
Secretary of State

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1999-04-30

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **P28634**

1. Corporation Name
IMC SALT INC.



Principal Place of Business
**8300 COLLEGE BLVD
 OVERLAND PARK KS 66210**

Mailing Address
**8300 COLLEGE BLVD
 OVERLAND PARK KS 66210**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

03/27/1990

4. FEI Number

48-1047632

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

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

**C T CORPORATION SYSTEM
 1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **DUSZYNSKI, RICHARD**
 STREET ADDRESS **8300 COLLEGE BLVD**
 CITY-ST-ZIP **OVERLAND PARK KS 66210**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **SEE ATTACHED**
 1.4 CITY-ST-ZIP

TITLE **CEO** DELETE
 NAME **BOYCE, MICHAEL R.**
 STREET ADDRESS **8300 COLLEGE BLVD**
 CITY-ST-ZIP **OVERLAND PARK KS**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **VPTS** DELETE
 NAME **NICK, RICHARD J**
 STREET ADDRESS **8300 COLLEGE BLVD**
 CITY-ST-ZIP **OVERLAND PARK KS 66210**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **VPS** DELETE
 NAME **NICK, RICHARD J.**
 STREET ADDRESS **399 PARK AVE., 32ND FLOOR**
 CITY-ST-ZIP **NEW YORK NY**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **DONAHUE, RICHARD**
 STREET ADDRESS **399 PARK AVENUE**
 CITY-ST-ZIP **NEW YORK NY**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **AST** DELETE
 NAME **DAY, SUSAN E.**
 STREET ADDRESS **8300 COLLEGE BLVD**
 CITY-ST-ZIP **OVERLAND PARK KS**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

Katherine Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
 Date

913-344-9151
 Daytime Phone #

CR2E034 (11/98)