

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90008 029 ***158.75

DOCUMENT # P28634
 1. Entity Name
Imc Salt Inc.

Principal Place of Business Mailing Address
8300 College Blvd. SAME
Overland Park KS
66210

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number 48-1047632 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~CT Corporation System~~
1200 South Pine Island Rd.
Plantation FL 33324

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>Director</u>	<input type="checkbox"/> Delete
NAME	<u>J. Bradford James</u>	
STREET ADDRESS	<u>100 South Saunders Rd. Ste 300</u>	
CITY-ST-ZIP	<u>Lake Forest IL 60045</u>	
TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Robert F. Clark</u>	
STREET ADDRESS	<u>8300 College Blvd.</u>	
CITY-ST-ZIP	<u>Overland Park KS 66210</u>	
TITLE	<u>VP</u>	<input type="checkbox"/> Delete
NAME	<u>Keith Clark</u>	
STREET ADDRESS	<u>8300 College Blvd.</u>	
CITY-ST-ZIP	<u>Overland Park KS 66210</u>	
TITLE	<u>VP</u>	<input type="checkbox"/> Delete
NAME	<u>Matthew J. Dwyer</u>	
STREET ADDRESS	<u>8300 College Blvd.</u>	
CITY-ST-ZIP	<u>Overland Park KS 66210</u>	
TITLE	<u>Treasurer</u>	<input type="checkbox"/> Delete
NAME	<u>E. Paul Dunn Jr.</u>	
STREET ADDRESS	<u>100 South Saunders Rd.</u>	
CITY-ST-ZIP	<u>Lake Forest IL 60045</u>	
TITLE	<u>Secretary</u>	<input type="checkbox"/> Delete
NAME	<u>Rose Marie Williams</u>	
STREET ADDRESS	<u>100 South Saunders Rd.</u>	
CITY-ST-ZIP	<u>Lake Forest IL 60062</u>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/20/01 Daytime Phone # 913-344-9243

CR2E034 (11/00)