

1.) CORPORATION NAME:

DARLING INTERNATIONAL INC.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0166712**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 251 O'CONNOR RIDGE BLVD STE 300

CITY/ST/ZIP: IRVING, TX 75038

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN STERLING TITLE: SECRETARY ADDRESS: 5115 BECKINGTON CITY/ST/ZIP/CO: DALLAS, TX 75287	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LYLE STEVENS TITLE: CHIEF TAX OFF ADDRESS: 2508 NORWOOD DR CITY/ST/ZIP/CO: HURST, TX 76054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRAD PHILLIPS TITLE: TREASURER ADDRESS: 1920 WINDHILL CITY/ST/ZIP/CO: ROCKWELL, TX 75087	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RANDALL C STUEWE TITLE: CEO ADDRESS: 11502 SADDLE RD CITY/ST/ZIP/CO: MONTERREY, CA 93940	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN MUSE TITLE: CFO ADDRESS: 3122 HILLSIDE DRIVE CITY/ST/ZIP/CO: HIGHLAND VILLAGE, TX 75077	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRENDA SNELL TITLE: CONTROLLER ADDRESS: 1601 LANCELOT CIRCLE CITY/ST/ZIP/CO: GRAND PRARIE, TX 75050	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: THOMAS ALBRECHT TITLE: DIRECTOR ADDRESS: 542 N VINE ST CITY/ST/ZIP/CO: HINSDALE, IL 60521	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: D EUGENE EWING TITLE: DIRECTOR ADDRESS: 2474 LEGENDS WAY CITY/ST/ZIP/CO: CRESTVIEW HILLS, KY 41017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES MACALUSO TITLE: DIRECTOR ADDRESS: 48 DORCHESTER RD CITY/ST/ZIP/CO: DARIEN, CT 06820	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN MARCH TITLE: DIRECTOR ADDRESS: 4709 TOWNES RD CITY/ST/ZIP/CO: EDINA, MN 55424	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL RESCOE TITLE: DIRECTOR ADDRESS: 6 PRUDENCE LANE CITY/ST/ZIP/CO: MORRISTOWN, NJ 07960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL URBUT TITLE: DIRECTOR ADDRESS: 1316 KIMBALL CT CITY/ST/ZIP/CO: NAPERVILLE, IL 60540	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ LYLE STEVENS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LYLE STEVENS, CHIEF TAX OFF PRINTED NAME AND CORPORATE TITLE	2/14/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		