

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211521230

1.) CORPORATION NAME:

**PCS Sales (USA), Inc.**

DUE DATE: **9/30/2011**

SCC ID NO: **F1394628**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1101 SKOKIE BOULEVARD SUITE 400

CITY/ST/ZIP: NORTHBROOK, IL 60062-

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: STEPHEN DOWDLE  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 1101 SKOKIE BOULEVARD # 400  
CITY/ST/ZIP/CO: NORTHBROOK, IL 60062-

NAME: BERNIE ROCK  OFFICER  DIRECTOR  
TITLE: SR VP/ FERTLZR  
ADDRESS: 1101 SKOKIE BOULEVARD #400  
CITY/ST/ZIP/CO: NORTHBROOK, IL 60062-

NAME: WAYNE R BROWNLEE  OFFICER  DIRECTOR  
TITLE: TREASURER  
ADDRESS: 122 - 1ST AVE SOUTH  
CITY/ST/ZIP/CO: SASKATOON, SK S7K 7G3-, CANADA

NAME: BRIAN E JOHNSON  OFFICER  DIRECTOR  
TITLE: ASST SECRETARY  
ADDRESS: 1101 SKOKIE BLVD  
STE 400  
CITY/ST/ZIP/CO: NORTHBROOK, IL 60062-

NAME: JOHN T LYNCH  OFFICER  DIRECTOR  
TITLE: ASST SECRETARY  
ADDRESS: 1101 SKOKIE BLVD SUITE 400  
CITY/ST/ZIP/CO: NORTHBROOK, IL 60062-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J. DOYLE CHAIR OF BOARD 1101 SKOKIE BLVD. SUITE 400 NORTHBROOK, IL 60062-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH A. PODWIKA SECRETARY 1101 SKOKIE BLVD. SUITE 400 NORTHBROOK, IL 60062-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A. KIRKPATRICK ASST SECRETARY 500, 122 FIRST AVE. SOUTH SASKATOON, SK S7K 7G3-, CANADA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT KRAMER DIRECTOR,US TAX 1101 SKOKIE BLVD. SUITE 400 NORTHBROOK, IL 60062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE VINCENT VP, MARKETING 1101 SKOKIE BLVD. SUITE 400 NORTHBROOK, IL 60062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE KNAFELC VP, HR & ADMIN 500, 122 FIRST AVENUE SOUTH SASKATOON, SK S7K 7G3-, CANADA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY R SNYDER VP/Fert Sales W 1101 SKOKIE BLVD. NORTHBROOK, IL 60062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK ETIENNE VP, Feed Sales 1101 SKOKIE BLVD. SUITE 400 NORTHBROOK, IL 60062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT FELGENHAUER VP, T & D 1101 SKOKIE BLVD. SUITE 400 NORTHBROOK, IL 60062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHANE WILLIAMS VP,Fert Sales S 1101 SKOKIE BLVD. SUITE 400 NORTHBROOK, IL 60062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TROY ERNY VP, IND SALES 1101 SKOKIE BLVD. SUITE 400 NORTHBROOK, IL 60062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON CARTER VP,Fert Sales E 1101 SKOKIE BLVD. SUITE 400 NORTHBROOK, IL 60062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

<u>/s/ BRIAN E JOHNSON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>BRIAN E JOHNSON, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>9/14/2011</u> DATE
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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.