STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: $50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 112959	*2. Exact name of the limited liability company* ASTARIS, LLC
3. State of Formation DELAWARE	*4. Brief description of the character of the business which is actually conducted in Rhode Island* SALES OF PHOSPHORIC CHEMICALS

5. Principal office address	*City*	*State*	*Zip*
622 EMERSON ROAD, SUITE 500	CREVE COEUR	MO	63141

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	*Contact Title*		
DEBORAH NAGEL	MANAGER OF TAXES		
Street Address	*City*	*State*	*Zip*
622 EMERSON ROAD, SUITE 500	CREVE COEUR	MO	63141

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE [illegible] USE IN SPACES [illegible] ATTACHMENTS [illegible] ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT [illegible]

Manager Name			*Manager Name*		
KIM FOSTER			JAMES SULLIVAN		
Street Address			*Street Address*		
1735 MARKET STREET			575 MARYVILLE CENTRE DRIVE		
City PHILADELPHIA	*State* PA	*Zip* 19103	*City* ST LOUIS	*State* MO	*Zip* 63141
Manager Name			*Manager Name*		
MICHAEL WILSON			JERRY CROWLEY		
Street Address			*Street Address*		
1735 MARKET STREET			575 MARYVILLE CENTRE DRIVE		
City PHILADELPHIA	*State* PA	*Zip* 19103	*City* ST LOUIS	*State* MO	*Zip* 63141

8. RESIDENT AGENT IN RHODE ISLAND: DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-16-11

Agent Name	*Address*	
CT CORPORATION SYSTEM		
Address	*City*	*Zip*
10 WEYBOSSET STREET	PROVIDENCE	02903-

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

* 1 1 2 9 5 9 *

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

[signature] 9/14/04

Signature of Authorized Person *Date*

PAUL SCHLESSMAN

Print or Type Name of Authorized Person

Form 632 Rev. 7/03