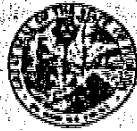


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 21 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 821358 (9)
1. Corporation Name
ASGROW SEED COMPANY

Principal Place of Business Mailing Address
C/O THE UPJOHN COMPANY C/O THE UPJOHN COMPANY
7000 PORTAGE ROAD 7000 PORTAGE ROAD
KALAMAZOO MICH 49001 KALAMAZOO MICH 49001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/24/1968
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25		06-0846851		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		28		Trust Fund Contribution		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, G.A.	1.2 NAME	JOHN C. SORENSON
STREET ADDRESS	7355 HIDDEN COVE PLACE	1.3 STREET ADDRESS	7092 WINDCREST CT.
CITY-ST-ZIP	KALAMAZOO MI	1.4 CITY-ST-ZIP	KALAMAZOO MI, 49009
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISLING, L. A.	2.2 NAME	
STREET ADDRESS	1129 HIGHGATE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI	2.4 CITY-ST-ZIP	
TITLE	AT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, ROBERT D	3.2 NAME	
STREET ADDRESS	10411 LLOY	3.3 STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LARRY	4.2 NAME	
STREET ADDRESS	1748 WAITE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO, MI 00000	4.4 CITY-ST-ZIP	
TITLE	PVC	5.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASKICK, NORMAN A	5.2 NAME	
STREET ADDRESS	6321 TROTWOOT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORTAGE MI	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALISBURY, ROBERT C.	6.2 NAME	
STREET ADDRESS	4180 SQUIRE HEATH	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORTAGE MA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Robert D. Ward ROBERT D. WARD, ASST. TREAS. 3/19/95 (616) 323-4821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASCROW SEED COMPANY

OFFICERS AND DIRECTORS

12-31-94

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Social Security Number</u>
*Norman A. Braksick	Chairman of the Board & President	6321 Trotwood Portage, MI 49081	489-44-3036
*John C. Sorenson	Vice Chairman of the Board	7082 Windcrest Ct. Kalamazoo, MI 49009	326-44-4910
*Larry Moore	Secretary	1748 Waite Kalamazoo, MI 49008	288-32-4752
Robert D. Ward	Asst. Treasurer	10411 Lloy Kalamazoo, MI 49002	372-46-7181
Linda A. Meisling	Treasurer	1129 Highgate Road Kalamazoo, MI 49007	366-52-6569
Robert C. Salisbury	Asst. Treasurer	4180 Squire Heath Portage, MI 49002	261-72-7594

Names with an asterisk are also directors.