

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90116 046 \*\*\*150.00

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 844945**

1. Corporation Name  
**SEMINIS VEGETABLE SEEDS, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>1905 LIRIO AVENUE<br>SATICOY CA 93007-4206<br>US | Mailing Address<br>2901 N. VENTURA RD.<br>STE 250<br>OXNARD CA 93030<br>US |
|---|--|



DO NOT WRITE IN THIS SPACE

|   |  |    |
|---|--|----|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 30 |
|---|--|----|

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br>01/11/1980   | 4. FEI Number<br>95-2252858    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |                               |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No. |                                |                               |

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | VT                           | <input type="checkbox"/> DELETE            |
| NAME           | ONEIL, LAWRENCE              |  |
| STREET ADDRESS | 2901 NO VENTURA RD SUITE 250 |  |
| CITY-ST-ZIP    | OXNARD CA                    |  |
| TITLE          | P                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | SCHMIDT, DIETRICH            |  |
| STREET ADDRESS | 1905 LIRIO AVE               |  |
| CITY-ST-ZIP    | SATICOY, CA 00000            |  |
| TITLE          | VS                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | LORKIN, JAMES M              |  |
| STREET ADDRESS | 2901 N VENTURA RD SUITE 250  |  |
| CITY-ST-ZIP    | OXNORD CA 93030              |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | SEBASTIA, FRANCISCO GONZ     |  |
| STREET ADDRESS | 2901 N VENTURA RD SUITE 250  |  |
| CITY-ST-ZIP    | OXNORD CA 93030              |  |
| TITLE          | D                            | <input type="checkbox"/> DELETE            |
| NAME           | BARRERA, BERNARDO JIMEN      |  |
| STREET ADDRESS | 2901 N VENTURA RD SUITE 250  |  |
| CITY-ST-ZIP    | OXNORD CA 93030              |  |
| TITLE          | V                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | MILLS, RALPH L               |  |
| STREET ADDRESS | 2901 N VENTURA RD SUITE 250  |  |
| CITY-ST-ZIP    | OXNARD CA 93030              |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>PD RODRIGUEZ-GRAVE, ALEJANDRO</b>   |
| 2.3 STREET ADDRESS | <b>1905 LIRIO AVE.</b>   |
| 2.4 CITY-ST-ZIP    | <b>SATICOY CA 93007-4206</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>VS LARKIN, JAMES M.</b>   |
| 3.3 STREET ADDRESS | <b>1905 LIRIO AVE.</b>   |
| 3.4 CITY-ST-ZIP    | <b>SATICOY CA 93007-4206</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>D GONZALEZ-SEBASTIA, FRANCISCO</b>  |
| 4.3 STREET ADDRESS | <b>2901 N VENTURA RD SUITE 250</b>   |
| 4.4 CITY-ST-ZIP    | <b>OXNARD, CA 93030</b>  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | <b>D JIMENEZ-BARRERA, BERNARDO</b>   |
| 5.3 STREET ADDRESS | <b>2901 N VENTURA RD SUITE 250</b>   |
| 5.4 CITY-ST-ZIP    | <b>OXNARD, CA 93030</b>  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. 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 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, with all other like empowered.

SIGNATURE: Lawrence E. O'Neil, Vice/Treas 1-11-99 Date (805) 659-7445 Daytime Phone #

CR2E034 (11/98)