


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000006779

1. Entity Name
CEREXAGRI, INC.



Principal Place of Business ... Mailing Address

**2000 MARKET STREET
 PHILADELPHIA, PA 19103** **2000 MARKET STREET
 PHILADELPHIA, PA 19103**

DO NOT WRITE IN THIS SPACE



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number **23-3061100** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when re-stating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	SCHUMACHER, WALTER H
STREET ADDRESS	2000 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	EVP
NAME	GIRIN, FRANCOIS
STREET ADDRESS	2000 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	VPP
NAME	LOGES, ERIC
STREET ADDRESS	2000 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	PCEO
NAME	BROMLEY, PETER T
STREET ADDRESS	2000 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	AT
NAME	PESCE, JOSEPH P
STREET ADDRESS	2000 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

02/19/05-80021-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Joseph Pesce** Date: **2-7-05** (215) 419-7486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #