2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# F02000000801

Entity Name: ARYSTA LIFESCIENCE NORTH AMERICA CORPORATION

Current Principal Place of Business:

15401 WESTON PKWY
SUITE 150
CARY, NC 27513

New Principal Place of Business:

Current Mailing Address:

15401 WESTON PKWY
SUITE 150
CARY, NC 27513

New Mailing Address:

FEI Number: 94-3219203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	LEWIS, WILLIAM	
Address:	15401 WESTON PKWY SUITE 150	
City-St-Zip:	CARY, NC 27513	
Title:	T	( ) Delete
Name:	BLASER, THOMAS	
Address:	15401 WESTON PKWY SUITE 150	
City-St-Zip:	CARY, NC 27513	
Title:	SD	( ) Delete
Name:	JOHNSON, TIMOTHY	
Address:	15401 WESTON PKWY SUITE 150	
City-St-Zip:	CARY, NC 27513	
Title:	VP	( ) Delete
Name:	CHANEY, DALE	
Address:	15401 WESTON PKWY SUITE 150	
City-St-Zip:	CARY, NC 27513	
Title:	VPD	( ) Delete
Name:	LENCE, ROBERT	
Address:	175 SOUTH MAINST SUITE 1350	
City-St-Zip:	SALT LAKE CITY, UT 84101	
Title:	D	( ) Delete
Name:	RICHARDS, CHRISTOPHER D	
Address:	8-1, AKASHI-CHO, CHUO-KU,	
City-St-Zip:	TOKYO, JP 104-659 JP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY JOHNSON SD 01/09/2007

Electronic Signature of Signing Officer or Director — Date