

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000801

FILED
May 21, 2008
Secretary of State

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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

VP

05/21/2008

Electronic Signature of Signing Officer or Director

Date