2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005542

Entity Name: BAYER CROPSCIENCE, INC.

FILED Jun 23, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK, BC 27709					
Current Mailing Address:			New Maili	New Mailing Address:	
2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK, BC 27709					
FEI Number:	13-1576812	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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.					
SIGNATUR		Signature of Registered Agent	<u> </u>	 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MOINAR, ATTILA 100 BAYER ROA PITTSBURGH, P. PCEO () I BUCKNER, WILL 2 T.W. ALEXAND	ID A 15205 Delete IAM	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D (X) Change () Addition SCHERF, WILLY 2 TW ALEXANDER DR RESEARCH TRIANGLE PARK, NC 27709 () Change () Addition	
Title: Name: Address: City-St-Zip:	MACKINTOSH, B 2 T.W. ALEXAND		Title: Name: Address: City-St-Zip:	VPS (X) Change () Addition MACKINTOSH, BRUCE 2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK, BC 27709	
Title: Name: Address: City-St-Zip:	SPAGNOL, TRAC 2 T.W. ALEXAND		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BUSBACH, PETE 2 T.W. ALEXAND		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FERGUSON, WII 2 T.W. ALEXAND		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: CRYSTAL FICKEN POA 06/23/2008