

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004164

Entity Name: ARBORGEN INC.

FILED
Mar 22, 2011
Secretary of State

Current Principal Place of Business:

180 WESTVACO RD
SUMMERVILLE, SC 29483

New Principal Place of Business:

Current Mailing Address:

P O BOX 840001
SUMMERVILLE, SC 29484

New Mailing Address:

FEI Number: 58-2521259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNNINGHAM, MICHAEL W
5277 TOWER RD, SUITE A2
TALLAHASSEE, FL 32303 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

OFFICERS AND DIRECTORS:

Title: P
Name: WELLS, BARBARA H
Address: 180 WESTVACO RD
City-St-Zip: SUMMERVILLE, SC 29483

Title: VP
Name: NOTHMANN, DAVID
Address: 180 WESTVACO RD
City-St-Zip: SUMMERVILLE, SC 29483

Title: ST
Name: CLEAR, GEOFFREY
Address: 180 WESTVACO RD
City-St-Zip: SUMMERVILLE, SC 29483

Title: C
Name: MORIARTY, LUKE
Address: 180 WESTVACO RD
City-St-Zip: SUMMERVILLE, SC 29483

Title: D
Name: BURTON, BRUCE
Address: 180 WESTVACO RD
City-St-Zip: SUMMERVILLE, SC 29483

Title: D
Name: HUNDLEY, GENE
Address: 180 WESTVACO RD
City-St-Zip: SUMMERVILLE, SC 29483

I hereby 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 all other like empowered.

SIGNATURE: GEOFFREY P. CLEAR

ST

03/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date