

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000000689

Entity Name: SYNGENTA CROP PROTECTION, LLC**Current Principal Place of Business:**410 SWING ROAD
GREENSBORO, NC 27409**Current Mailing Address:**410 SWING ROAD
GREENSBORO, NC 27409**FEI Number: 56-2001572****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HAWKINS, VERN
Address 410 SWING ROAD
City-State-Zip: GREENSBORO NC 27409

Title MGR
Name STAVOLA, PATRICIA
Address 410 SWING ROAD
City-State-Zip: GREENSBORO NC 27409

Title MGR
Name MAEDER, CHRISTOPHER
Address SCHWARZWALDALLEE 215
City-State-Zip: BASEL SWITZERLAND

Title MGR
Name ATKIN, JOHN C
Address SCHWARZWALDALLEE 215
City-State-Zip: BASEL SWITZERLAND

Title ASSISTANT TREASURER
Name NEYLON, THOMAS
Address 3411 SILVERSIDE ROAD
SHIPLEY BLDG. CONCORD PLAZA 100
City-State-Zip: WILMINGTON DE 19810

Title VP
Name BERRETH, STEVE
Address 410 SWING ROAD
City-State-Zip: GREENSBORO NC 27409

Title ASST. SECRETARY
Name BRIAN , REEVE
Address 410 SWING ROAD
City-State-Zip: GREENSBORO NC 27409

Title TREASURER
Name DANIELE, NOCERA
Address 410 SWING ROAD
City-State-Zip: GREENSBORO NC 27409

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS NEYLON**ASSISTANT TREASURER 01/08/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name MICHEL, ROIM
Address 410 SWING ROAD
City-State-Zip: GREENSBORO NC 27409

Title ASST. SECRETARY
Name QUAIN, CHERYL
Address 3411 SILVERSIDE ROAD
SHIPLEY BLDG. CONCORD PLAZA 100
City-State-Zip: WILMINGTON DE 19810