

2018 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 MAEDER, CHRISTOPHER
Address SCHWARZWALDALLEE 215
City-State-Zip: BASEL SWITZERLAND

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

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

Title MGR
Name JEFF, ROWE
Address 11055 WAYZATA BLVD.
City-State-Zip: MINNETONKA MN 55305

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

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

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

Continues on page 2

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: TONYA CICCONI**ASSISTANT TREASURER 03/09/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title ASST. TREASURER
Name SMITH, RANDY
Address 410 SWING ROAD
City-State-Zip: GREENSBORO NC 27409

Title ASST. TREASURER
Name GRACE, MATTHEW
Address 3411 SILVERSIDE ROAD, SHIPLE
City-State-Zip: WILMINGTON DE 19810

Title ASST. SECRETARY
Name ROCKAFELLOW, CAROLINE
Address 3054 CORNWALLIS ROAD
City-State-Zip: RESEARCH TRIANGLE PARK NC
27709

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