

**2016 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 TRIVISVAVET, PONSI  
Address 11055 WAYZATA BLVD.  
City-State-Zip: MINNETONKA MN 55305

Title ASSISTANT TREASURER  
Name NEYLON, THOMAS  
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

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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 04/01/2016**

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