

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005647

Entity Name: AGRISOMPO NORTH AMERICA, INC.**Current Principal Place of Business:**7101 82ND ST
LUBBOCK, TX 79424**Current Mailing Address:**7101 82ND ST
LUBBOCK, TX 79424 US**FEI Number: 75-2838797****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**

Title	DIRECTOR
Name	LAWRENCE, WINDY L
Address	4 MANHATTANVILLE RD
City-State-Zip:	PURCHASE NY 10577

Title	DIRECTOR
Name	THOMSON , TRACY I
Address	7101 82ND ST
City-State-Zip:	LUBBOCK TX 79424

Title	CEO, DIRECTOR
Name	GUYLER-ALANIZ , MARJI
Address	8655 PENROSE LANE
City-State-Zip:	LENEXA KS 66219

Title	DIRECTOR
Name	AKRIDGE , JONATHAN
Address	7101 82ND ST
City-State-Zip:	LUBBOCK TX 79424

Title	DIRECTOR
Name	SPARRO , CHRISTOPHER L
Address	1221 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10020

Title	SECRETARY
Name	PAYNE , CAROLYN
Address	8655 PENROSE LANE
City-State-Zip:	LENEXA KS 66219

Title	DIRECTOR
Name	LEIGHTON , BRADLEY
Address	8655 PENROSE LANE
City-State-Zip:	LENEXA KS 66219

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: CAROLYN PAYNE**SECRETARY****01/08/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date