

CT CORPORATION

822823

FILED
AUG 28 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Harris Moran Seed Company

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PA
Change

800004558638--7

-08/28/01-01002-014

*****35.00 *****35.00

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/27/01

Order#: 4744039

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 28, 2001

CT Corporation System
660 East Jefferson St.
Tallahassee, FL 32301

SUBJECT: HARRIS MORAN SEED COMPANY
Ref. Number: 822823

We have received your document for HARRIS MORAN SEED COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of incorporation and document number differ from our records. Please see the attached printout.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Corporate Specialist

Letter Number: 801A00048916

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 28 PM 2:44
NOT TO BE
TO AGENCY
SUFFICIENT
OFFICE OF FILING

Corrections made, Please file w/8-28-01 file date, thanks!

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of California submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Harris Moran Seed Company

2. The mailing address of the corporation is: P. O. Box 4938, Modesto, CA 95352

3. Date of incorporation/qualification: 5/20/69 Document number: 822823

4. The name and address of the current registered agent and office:

Jack Dean

6125 SE 46th Avenue Road

Ocala, FL34471

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

James M. Smith
(Signature of an officer, chairman or vice chairman of the board)

8/20/01
(Date)

James M. Smith, Chief Financial Officer.VP Admin
(Printed or typed name and title)

August 20, 2001
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Naseem A. Conde
(Signature of Registered Agent)

8-21-01
(Date)

If signing on behalf of an entity:

Naseem A. Conde
(Typed or Printed Name)

(Capacity)

CR2E045(4/95)

**NASEEM A. CONDE
SPECIAL ASST. SECRETARY**

FILING FEE: \$35.00