

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822823

FILED
Apr 02, 2009
Secretary of State

Entity Name: HARRIS MORAN SEED COMPANY

Current Principal Place of Business:

555 CODONI AVE
MODESTO, CA 95357 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4938
MODESTO, CA 95352 US

New Mailing Address:

FEI Number: 94-1695235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CHOATE, DENNIS
Address: 555 CODONI AVE
City-St-Zip: MODESTO, CA 95357 US

Title: V () Delete
Name: MCELROY, JEFF
Address: 555 CODONI AVE
City-St-Zip: MODESTO, CA 95357 US

Title: V () Delete
Name: FOREMAN, JEFF
Address: 555 CODONI AVENUE
City-St-Zip: MODESTO, CA 95357 US

Title: S () Delete
Name: SUPIOT, VINCENT
Address: 555 CODONI AVE
City-St-Zip: MODESTO, CA 95357 US

Title: P (X) Delete
Name: SMITH, MAURICE
Address: 555 CODONI AVE
City-St-Zip: MODESTO, CA 95357 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPO (X) Change () Addition
Name: CHOATE, DENNIS
Address: 555 CODONI AVE
City-St-Zip: MODESTO, CA 95357 US

Title: VPF (X) Change () Addition
Name: LONGOUR, GILLES
Address: 555 CODONI AVE
City-St-Zip: MODESTO, CA 95357 US

Title: S (X) Change () Addition
Name: LONGOUR, GILLES
Address: 555 CODONI AVENUE
City-St-Zip: MODESTO, CA 95357 US

Title: P (X) Change () Addition
Name: JOHNSTON, MATTHEW
Address: 555 CODONI AVE
City-St-Zip: MODESTO, CA 95357 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDDIE TORRES

Electronic Signature of Signing Officer or Director

PARA

04/02/2009

Date