2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2001 8:00 am

| 1. Entity Nan | MENT# 840186 NGENTA SEEDS, 18 | سلم الم | (C) | Secretary 0: 05-17-2001 91327 001 | | |
|---|--|---|--|---|--------------------------------|--|
| 7500 | CE OF Business OLSON MEMORIAL HWY EN VALLEY, MN 55427- 4800 | Malling Address 7500 OLSON ME 60LDEN VALL | MORIAL HWY EY, MN 5542 | C0067350 | | |
| 2. Principal Place of Business 3. Malling Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | 4. FEI Number 41-12926/7 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8 | 3.75 Additional | |
| | 8. Name and Address of Current I | Registered Agent | | 7. Name and Address of New Registered Age | | |
| | | | Name | Name . | | |
| CORPORATION SERVICE COMPANY | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | |
| 1201 HAYS STREET TALLAHASSEE, PL 32301 | | | | | | |
| | THELMMASSEE, FE | 92301 | City | FL | Zip Code | |
| Tax filing r | Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so. In a on back) | A Part Care Parely | A SECULIAR S | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 11. | OFFICERS AND | | 12. | ADDITIONS/CHANGES TO OFFICERS AND DI | | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT HOEH, GERALD J. 7500 OLSON MEMORIA GOLDEN VALLEY, MN | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition 8 | |
| TITLE NAME - STREET ADDRESS CITY-ST-ZIP | DIRECTOR TMHOF, HEINZP. SCHWARZWALOALLE | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-20P | | Change Addition | |
| TITLE NAME STREET ADDRESS _CITY-ST-ZIP | DIRECTOR & PRESIDENT SHOWSEY, EDWARD T 7500 OLSON MEMORIAG GOLDEN VALLEY, MN | HUY | TITLE PLAME STREET ADDRESS CITY-ST-ZIP | | Change , Addition | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | SECRETARY RESIER, EDWARD C. 7600 OLSON MEMOR. GOLDEN VALLEY, MA | | TITLE NAME STREET ADDRESS CHY-ST-ZP | | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition | |
| indicated | on this report or supplemental report is | area ming coes not quality for t true and accurate and that my | uw exemption stated in y signature shall have t | n Section 119.07(3)(I), Florida Statutes, I further certify the same legal effect as if made under oath; that I am a | 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 in Block 11 or Block 12 if changed, or on an attachment with an apdress, with all other like empowered.