## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 840184**

Entity Name: SYNGENTA SEEDS, INC.

FILED Apr 12, 2002 8:00 AM Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of Business:			
	ON MEMORIAL /ALLEY, MN 5					
Current Mailing Address:			New Mailing Address:			
	ON MEMORIAL /ALLEY, MN 5					
FEI Number: 41-1292617		FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324					
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing i	ts registered offic	ce or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Ager	nt		Date	
•	-	satisfy its Intangible Tax filing requi Trust Fund Contribution().	irement and elects to c	lo so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	V () HOEH, GERALD 7500 OLSON ME GOLDEN VALLE	EMORIAL HWY	Title: Name: Address: City-St-Zip:	TVD (X) C HOEH, GERALD J 7500 OLSON MEN GOLDEN VALLEY	MORIAL HWY	
Title: Name: Address: City-St-Zip:	D ()I IMHOF, HEINZ P SCHWARZWALG BASLE,, SW		Title: Name: Address: City-St-Zip:	D (X) C BEARD, JEFF SCHWARZWALDA BASEL, FO CH-40		
Title: Name: Address: City-St-Zip:	DP () I SHONSEY, EDW 7500 OLSON ME GOLDEN VALLE	EMORIAL HWY.	Title: Name: Address: City-St-Zip:	DP (X) C SHONSEY, EDWA 7500 OLSON MEN GOLDEN VALLEY	MORIAL HWY.	
Title: Name: Address: City-St-Zip:	S ()   RESLER, EDWA 7500 OLSON ME GOLDEN VALLE	EMORÍAL HWY	Title: Name: Address: City-St-Zip:	SVD (X) C RESLER, EDWAR 7500 OLSON MEN GOLDEN VALLEY	MORIAL HWY	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () CI HILL, KEITH SCHWARZWALDA BASEL, FO CH-40		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERALD HOEH TREA 04/12/2002