

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840184

FILED
Apr 22, 2008
Secretary of State

Entity Name: SYNGENTA SEEDS, INC.

Current Principal Place of Business:

7500 OLSON MEMORIAL HWY.
GOLDEN VALLEY, MN 554274800 US

New Principal Place of Business:

Current Mailing Address:

7500 OLSON MEMORIAL HWY.
GOLDEN VALLEY, MN 554274800

New Mailing Address:

FEI Number: 41-1292617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: D,P () Delete
Name: COX, JEFF
Address: 7500 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427 US

Title: D () Delete
Name: MACK, MICHAEL T
Address: SCHWARZWALDALLEE 215
City-St-Zip: BASEL, FO CH-4058 SW

Title: D () Delete
Name: RAMSAY, JOHN
Address: SCHWARZWALDALLEE 215
City-St-Zip: BASEL, FO CH-4058 SW

Title: V,D () Delete
Name: RESLER, EDWARD C
Address: 7500 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 554274800 US

Title: V,S () Delete
Name: GRIFFITH, SUE G
Address: 7500 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 554274800 US

Title: T () Delete
Name: BANGASSER, TIM
Address: 7500 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 554274800 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: S (X) Change () Addition
Name: WESTBY, LAURA
Address: 7500 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 554274800 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: TIM BANGASSER

T

04/22/2008

Electronic Signature of Signing Officer or Director

Date