2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840184

Entity Name: SYNGENTA SEEDS, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7500 OLSON MEMORIAL HWY. GOLDEN VALLEY, MN 554274800 US				7500 OLSON MEMORIAL HWY. GOLDEN VALLEY, MN 55427 US		
Current Mailing Address:				New Mailing Address:		
7500 OLSON MEMORIAL HWY. GOLDEN VALLEY, MN 554274800			7500 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427 US			
FEI Number:	FEI Number: 41-1292617 FEI Number Applied For() FEI N		FEI Num	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US 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 Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COX, JEFF 7500 OLSON ME	Delete EMORIAL HWY Y, MN 55427 US		Title: Name: Address: City-St-Zip:	D,P (X) Change MORGAN, DAVID 7500 OLSON MEMORIA GOLDEN VALLEY, MN &	
Title: Name: Address: City-St-Zip:	D () MACK, MICHAEI SCHWARZWALI BASEL, FO CH-	DALLEE 215		Title: Name: Address: City-St-Zip:	D (X) Change PISK, DAVOR SCHWARZWALDALLEE BASEL, FO CH-4058 SV	
Title: Name: Address: City-St-Zip:	D () RAMSAY, JOHN SCHWARZWALI BASEL, FO CH-	DALLEE 215		Title: Name: Address: City-St-Zip:	WALKER, GRAHAM SCHWARZWALDALLEE	
Title: Name: Address: City-St-Zip:	V,D () RESLER, EDWA 7500 OLSON ME GOLDEN VALLE	RD C		Title: Name: Address: City-St-Zip:	V (X) Change RESLER, EDWARD C 7500 OLSON MEMORIA GOLDEN VALLEY, MN 5	L HWY
Title: Name: Address: City-St-Zip:	WESTBY, LAUR 7500 OLSON ME			Title: Name: Address: City-St-Zip:	S (X) Change WESTBY, LAURA 7500 OLSON MEMORIA GOLDEN VALLEY, MN {	
Title: Name:	T () BANGASSER, TI	Delete M		Title: Name:	T (X) Change BANGASSER. TIM	() Addition

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.

Address:

City-St-Zip:

SIGNATURE: TIM BANGASSER TREA 04/16/2009

7500 OLSON MEMORIAL HWY

GOLDEN VALLEY, MN 554274800 US

Address:

City-St-Zip:

7500 OLSON MEMORIAL HWY

GOLDEN VALLEY, MN 55427 US