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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 840549 (0)

1. Corporation Name  
SEMINIS, INC.

Principal Place of Business  
1805 LIRIO AVE.  
SATICOY CA 93007

Mailing Address  
1805 LIRIO AVE.  
SATICOY CA 93004-3219



3. Date Incorporated or Qualified 04/27/1978  
3a. Date of Last Report 04/29/1996

2. Principal Place of Business  
21 2401 N. VENTURA RD  
Suite, Apt. #, etc.  
22 SUITE 250  
City & State  
23 OXNARD CA  
Zip  
24 93030  
Country  
25 USA

2a. Mailing Address  
26 2401 N. VENTURA ROAD  
Suite, Apt. #, etc.  
27 SUITE 250  
City & State  
28 OXNARD CA  
Zip  
29 93030  
Country  
30 USA

4. FEI Number 36-0769130  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	GARZA, ALFONSO R	
STREET ADDRESS	300 ROBLE AVE.	
CITY-ST-ZIP	MONTERREY MX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEBASTIA, FRANCISCO G	
STREET ADDRESS	2750 PTE AVE.	
CITY-ST-ZIP	MONTERREY MX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRERA, BERNARDO J	
STREET ADDRESS	300 ROBLE AVE.	
CITY-ST-ZIP	MONTERREY MX	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	KELBERG, HOWARD S	
STREET ADDRESS	ONE BATTERY PARK PLAZA	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALL, JR., CARL G	
STREET ADDRESS	622 TOWN ROAD	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALL, G CARL	
STREET ADDRESS	708 CRESCENT BLVD	
CITY-ST-ZIP	GLEN ELLYN, IL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAWRENCE E. O'NEAL
1.3 STREET ADDRESS	2401 NORTH VENTURA ROAD
1.4 CITY-ST-ZIP	OXNARD CA 93030
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V. JAMES M. LARKIN
2.3 STREET ADDRESS	2401 NORTH VENTURA ROAD
2.4 CITY-ST-ZIP	OXNARD CA 93030
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V. ROLPH L. MILLER
3.3 STREET ADDRESS	2401 NORTH VENTURA ROAD
3.4 CITY-ST-ZIP	OXNARD CA 93030
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lawrence E. O'Neal VICE PRESIDENT 1-10-97 (95) 654-7445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)