

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **840549** (0)
1. Corporation Name
SEMINIS, INC.

Principal Place of Business 2901 NORTH VENTURA RD. SUITE 250 OXNDRD CA 93030 US	Mailing Address 2901 N. VENTURA ROAD SUITE 250 OXNDRD CA 93007 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/27/1978	
				4. FEI Number 36-0769130	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARZA, ALFONSO R			1.2 NAME			
STREET ADDRESS	300 ROBLE AVE.			1.3 STREET ADDRESS			
CITY - ST - ZIP	MONTERREY MX			1.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEBASTIA, FRANCISCO G			2.2 NAME			
STREET ADDRESS	2750 PTE AVE.			2.3 STREET ADDRESS			
CITY - ST - ZIP	MONTERREY MX			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRERA, BERNARDO J			3.2 NAME			
STREET ADDRESS	300 ROBLE AVE.			3.3 STREET ADDRESS			
CITY - ST - ZIP	MONTERREY MX			3.4 CITY - ST - ZIP			
TITLE	TS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELBERG, HOWARD S			4.2 NAME			
STREET ADDRESS	ONE BATTERY PARK PLAZA			4.3 STREET ADDRESS			
CITY - ST - ZIP	NEW YORK NY 10004			4.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BALL, JR., CARL G			5.2 NAME			
STREET ADDRESS	622 TOWN ROAD			5.3 STREET ADDRESS			
CITY - ST - ZIP	CHICAGO IL			5.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BALL, G CARL			6.2 NAME			
STREET ADDRESS	708 CRESCENT BLVD			6.3 STREET ADDRESS			
CITY - ST - ZIP	GLEN ELLYN, IL 00000			6.4 CITY - ST - ZIP			

14. I 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: *Laurence E. O'Neil* VICE PRESIDENT 1-15-98 (845) 654-7445

CF2E034 (10/97)