

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90062 028 \*\*\*150.00

**DOCUMENT # 840549**

1. Entity Name  
**SEMINIS, INC.**

Principal Place of Business

2700 CAMINO DEL SOL  
 OXNARD CA 93030  
 US

Mailing Address

2700 CAMINO DEL SOL  
 OXNARD CA 93030  
 US

2. Principal Place of Business

2700 CAMINO DEL SOL

3. Mailing Address

2700 CAMINO DEL SOL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OXNARD CA 93030

City & State

OXNARD CA

Zip

93030

Country

USA

Zip

93030

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	ROMA-GARZA, ALFONSO	
STREET ADDRESS	300 ROBLE AVE.	
CITY-ST-ZIP	MONTERREY MX	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NAJERA, EUGENIO	
STREET ADDRESS	2700 CAMINO DEL SOL	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIMENEZ-BARRERA, BERNARDO	
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	VT	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, OCTAVIA	
STREET ADDRESS	2700 CAMINO DEL SOL	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'NEIL, LAWRENCE E	
STREET ADDRESS	2700 CAMINO DEL SOL	
CITY-ST-ZIP	OXNARD CA 93030	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ GASPAR
STREET ADDRESS	2700 CAMINO DEL SOL
CITY-ST-ZIP	OXNARD, CA 93030
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Lawrence E. O'Neil* VICE PRESIDENT 2-26-02 (805) 918-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)