

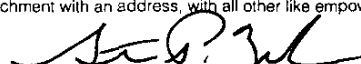


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90100 018 \*\*\*150.00

<b>DOCUMENT # F00000006779</b> 1. Entity Name <b>CEREXAGRI, INC.</b>																																																																																																																																																					
Principal Place of Business <b>2000 MARKET STREET PHILADELPHIA, PA 19103</b>			Mailing Address <b>2000 MARKET STREET PHILADELPHIA, PA 19103</b>																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # <b>630 Freedom Business Center</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40004359</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>01122007</span> <span>Chg-P</span> <span>CR2E034 (12/06)</span> </div>																																																																																																																																																			
Suite, Apt. #, etc. <b>Suite 402</b>						3. Mailing Address Suite, Apt. #, etc. 																																																																																																																																															
City & State <b>King of Prussia, PA</b>						City & State 																																																																																																																																															
Zip <b>19406</b>	Country <b>USA</b>					Zip 	Country 																																																																																																																																														
4. FEI Number <b>23-3061100</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code																																																																																																																																																	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>																																																																																																																																																					
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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. 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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Secretary</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>[name and address are the same]</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>EVP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Girin, Francois</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>630 Freedom Business Center, Suite 402</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>King of Prussia, PA 19406</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPF</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Loges, Eric</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>630 Freedom Business Center, Suite 402</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>King of Prussia, PA 19406</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PCEO</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Bromley, Peter T.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>630 Freedom Business Center, Suite 402</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>King of Prussia, PA 19406</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AT</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Zuk, Steven P.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>[address is the same]</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	AS	<input type="checkbox"/> Delete	NAME	SCHUMACHER, WALTER H		STREET ADDRESS	2000 MARKET STREET		CITY-ST-ZIP	PHILADELPHIA, PA 19103		TITLE	EVP	<input type="checkbox"/> Delete	NAME	GIRIN, FRANCOIS		STREET ADDRESS	2000 MARKET STREET		CITY-ST-ZIP	PHILADELPHIA, PA 19103		TITLE	VPF	<input type="checkbox"/> Delete	NAME	LOGES, ERIC		STREET ADDRESS	2000 MARKET STREET		CITY-ST-ZIP	PHILADELPHIA, PA 19103		TITLE	PCEO	<input type="checkbox"/> Delete	NAME	BROMLEY, PETER T		STREET ADDRESS	2000 MARKET STREET		CITY-ST-ZIP	PHILADELPHIA, PA 19103		TITLE	AT	<input type="checkbox"/> Delete	NAME	ZUK, STEVE		STREET ADDRESS	2000 MARKET STREET		CITY-ST-ZIP	PHILADELPHIA, PA 191033222		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	[name and address are the same]		STREET ADDRESS			CITY-ST-ZIP			TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Girin, Francois		STREET ADDRESS	630 Freedom Business Center, Suite 402		CITY-ST-ZIP	King of Prussia, PA 19406		TITLE	VPF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Loges, Eric		STREET ADDRESS	630 Freedom Business Center, Suite 402		CITY-ST-ZIP	King of Prussia, PA 19406		TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Bromley, Peter T.		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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  <b>Steven P. Zuk, Assistant Treasurer</b> </div> <div style="width: 35%; text-align: right;"> <div style="font-size: 24px; font-weight: bold; margin-bottom: 5px;">1/22/2007</div> <div style="font-size: 24px; font-weight: bold; margin-bottom: 5px;">215.419.7000</div> <small>Date Daytime Phone #</small> </div> </div>																																																																																																																																																					