2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006779

Entity Name: CEREXAGRI, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 630 FREEDOM BUSINESS CENTER STE 402 KING OF PRUSSIA, PA 19406 **New Mailing Address: Current Mailing Address:** 6300 FREEDOM BUSINESS CENTER 630 FREEDOM BUSINESS CENTER SUITE 402 STE 402 KING OF PRUSSIA, PA 19406 KING OF PRUSSIA, PA 19406 FEI Number: 23-3061100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: SEC () Delete Title: (X) Change () Addition DAVIS, KAREN Name: DAVIS, KAREN Name: 630 FREEDOM BUSINESS CENTER 630 FREEDOM BUSINESS CENTER STE 402 Address: Address: City-St-Zip: KING OF PRUSSIA, PA 19406 City-St-Zip: KING OF PRUSSIA, PA 19406 EVP Title: Title: () Delete () Change () Addition Name: GIRIN, FRANCOIS Name: 630 FREEDOM BUSINESS CENTER STE 402 Address: Address: KING OF PRUSSIA, PA 19406 City-St-Zip: City-St-Zip: Title: **PCEO** Title: () Delete (X) Change () Addition BROMLEY, PETER T BROMLEY, PETER T Name: Name: 630 FREEDOM BUSINESS CNTR STE, 402 630 FREEDOM BUSINESS CNTR STE. 402 Address Address: KING OF PRUSSIA, PA 19406 City-St-Zip: KING OF PRUSSIA, PA 19406 City-St-Zip: Title: TREA () Delete Title: (X) Change () Addition LOGES, ERIC LOGES, ERIC Name: Name: Address: 630 FREEDOM BUSINESS CNTR STE. 402 Address: 630 FREEDOM BUSINESS CNTR STE. 402 City-St-Zip: KING OF PRUSSIA, PA 19406 City-St-Zip: KING OF PRUSSIA, PA 19406

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.

SIGNATURE: ERIC LOGES T 04/29/2009