
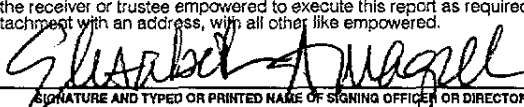


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001656		
1. Entity Name CROP DATA MANAGEMENT SYSTEMS, INC.		
Principal Place of Business 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901		Mailing Address 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOLMES, TED 3629 4TH AVE NE BRADENTON, FL 34208		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT NASO, VINCENT W 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, JAMES A 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REIMERS, HENRY J 441 COLUSA AVENUE YUBA CITY, CA 95991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NASO, DEBRA 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGILL, ELISABETH 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: 		4/25/06 530-749-7202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
68-0030162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000556752
05/17/06-80021-024 150.00

**DO NOT WRITE
IN THIS SPACE**