


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**


07-25-2006 90021 027 \*\*\*550.00

<b>DOCUMENT # F02000000801</b>	
1. Entity Name <b>ARYSTA LIFESCIENCE NORTH AMERICA CORPORATION</b>	

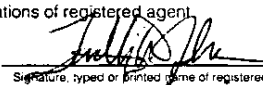
Principal Place of Business <b>100 FIRST STREET, SUITE 1700 SAN FRANCISCO, CA 94105</b>	Mailing Address <b>100 FIRST STREET, SUITE 1700 SAN FRANCISCO, CA 94105</b>
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40100574

2. Principal Place of Business <b>15401 Weston Parkway</b>	3. Mailing Address <b>15401 Weston Parkway</b>
Suite, Apt. #, etc. <b>Suite 150</b>	Suite, Apt. #, etc. <b>Suite 150</b>
City & State <b>Cary, NC</b>	City & State <b>Cary, NC</b>
Zip <b>27513</b>	Country <b>USA</b>

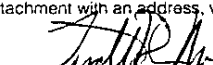
	
07132006 Chg-P	CR2E034 (11/05)
4. FEI Number <b>94-3219203</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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7. Name and Address of New Registered Agent Name <b>C T Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> FL Zip Code <b>33324</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 	<b>Timothy Donn Johnson, Vice President and Regional Counsel 071806</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE <b>07/18/06</b>	

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER, ELIN CEO, D 100 FIRST STREET, SUITE 1700 SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD William Lewis 15401 Weston Parkway, Suite 150 Cary, NC 27513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLASER, THOMAS TREAS. 100 FIRST STREET, SUITE 1700 SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Thomas Blaser 15401 Weston Parkway, Suite 150 Cary, NC 27513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALDONADO, ELLEN SEC., D 100 FIRST STREET, SUITE 1700 SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Timothy Johnson 15401 Weston Parkway, Suite 150 Cary, NC 27513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUSTMANN, THOMAS VP 100 FIRST STREET, SUITE 1700 SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dale Chaney 15401 Weston Parkway, Suite 150 Cary, NC 27513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LENCE, ROBERT VP.D 100 FIRST STREET, SUITE 1700 SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Robert Lence 175S. Main Suite 1350 Salt Lake City, UT 84101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, CHRISTOPHER D 8-1, AKASHI-CHO, CHUO-KU, TOKYO, JP 104-659 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	<b>Timothy Donn Johnson, Vice President and Regional Counsel</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date <b>07/18/06</b> 919-678-4930 Daytime Phone #	