



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90082 014 ***150.00

DOCUMENT # F02000002832 1. Entity Name CONRAD FAFARD, INC.					
Principal Place of Business 770 SILVER STREET AGAWAM, MA 01001			Mailing Address P.O. BOX 790 AGAWAM, MA 01001-0790		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-2040741	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION/SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP FAFARD, ANDRE J 770 SILVER STREET AGAWAM, MA 01001 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FAFARD, ROBERT J 770 SILVER STREET AGAWAM, MA 01001 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATELLIER, EDWARD J 770 SILVER STREET AGAWAM, MA 01001 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH NORMAND ROBERTS ROUTE 116 EAST MIDDLEBURY, VT 05740 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AGNOLI, ROBERT G 1391 MAIN STREET SPRINGFIELD, MA 01103 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, THOMAS JR. 770 SILVER STREET AGAWAM, MA 01001 <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: Thomas King Jr. 			04/26/07 413-786-4343		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT 40112337
 2007 FOR PROFIT CORPORATION ANNUAL REPORT
 DOCUMENT # F02000002832
 CONRAD FAFARD, INC.

Block 11 Attachment:

TITLE: NAME: STREET ADDRESS: CITY - ST- ZIP:	Chairman Valdemar Fischer Syngenta Crop 410 Swing Road Greensboro, NC 27409
TITLE: NAME: STREET ADDRESS: CITY - ST- ZIP:	Director Jason Fogden Syngenta Corporation 2200 Concord Pike Wilmington, DE 19803
TITLE: NAME: STREET ADDRESS: CITY - ST- ZIP:	Director/Executive Vice President Robert Neill Syngenta Crop 410 Swing Road Greensboro, NC 27409
TITLE: NAME: STREET ADDRESS: CITY - ST- ZIP:	Director/Chief Executive Officer Keelan Pulliam Conrad Fafard, Inc. 770 Silver Street Agawam, MA 01001
TITLE: NAME: STREET ADDRESS: CITY - ST- ZIP:	Vice President Finance and Assistant Treasurer Mark Patrick Syngenta Crop 410 Swing Road Greensboro, NC 27409
TITLE: NAME: STREET ADDRESS: CITY - ST- ZIP:	Vice President Legal and Secretary Vincent Alventosa Syngenta Crop 410 Swing Road Greensboro, NC 27409
TITLE: NAME: STREET ADDRESS: CITY - ST- ZIP:	Vice President Human Resources Karen Johnson Syngenta Crop 410 Swing Road Greensboro, NC 27409