2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# F07000005542

Entity Name: BAYER CROPSCIENCE, INC.

Current Principal Place of Business:

2 T.W. ALEXANDER DRIVE
RESEARCH TRIANGLE PARK, BC 27709

New Principal Place of Business:

2 TW ALEXANDER DRIVE
RESEARCH TRIANGLE PARK, NC 27709

Current Mailing Address:

2 T.W. ALEXANDER DRIVE
RESEARCH TRIANGLE PARK, BC 27709

New Mailing Address:

2 TW ALEXANDER DRIVE
RESEARCH TRIANGLE PARK, NC 27709

FEI Number: 13-1576812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: SCHERF, WILLY
Address: 2 TW ALEXANDER DR
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: PCEO ( ) Delete
Name: BUCKNER, WILLIAM
Address: 2 T.W. ALEXANDER DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, BC 27709

Title: VPS ( ) Delete
Name: MACKINTOSH, BRUCE
Address: 2 T.W. ALEXANDER DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, BC 27709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCED (X) Change ( ) Addition
Name: BUCKNER, WILLIAM PCEODIR
Address: 2 TW ALEXANDER DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: VPGS (X) Change ( ) Addition
Name: MACKINTOSH, BRUCE A VPGCSEC
Address: 2 TW ALEXANDER DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: DIR (X) Change ( ) Addition
Name: SCHERF, WILLY DIR
Address: 2 TW ALEXANDER DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

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: MANDELINE HENDRICKS POA 04/22/2009

Electronic Signature of Signing Officer or Director — Date