2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# F08000004349

Entity Name: EUROFINS AGROSCIENCE SERVICES, INC.

Current Principal Place of Business:

15270 NW 150TH AVENUE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

6100 THORNTON AVENUE
SUITE 220
DES MOINES, IA 50321

New Mailing Address:

FEI Number: 26-3086959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: HUERRE, XAVIER
Address: 6100 THORNTON AVENUE #220
City-St-Zip: DES MOINES, IA 50321

Title: VD ( ) Delete
Name: FASSBENDER, RALF
Address: 6100 THORNTON AVENUE #220
City-St-Zip: DES MOINES, IA 50321

Title: D ( ) Delete
Name: SCANTLIN, MARC
Address: 6100 THORNTON AVENUE #220
City-St-Zip: DES MOINES, IA 50321

Title: P ( ) Delete
Name: GREIG, IAN
Address: 6100 THORNTON AVENUE #220
City-St-Zip: DES MOINES, IA 50321

Title: V ( ) Delete
Name: JENKINS, DAVID
Address: 6100 THORNTON AVENUE #220
City-St-Zip: DES MOINES, IA 50321

Title: V ( ) Delete
Name: WHITE, STEPHEN
Address: 6100 THORNTON AVENUE #220
City-St-Zip: DES MOINES, IA 50321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LOREN MICHALSKI SEC 02/03/2009

Electronic Signature of Signing Officer or Director — Date