

F12000003909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

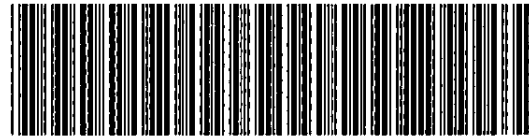
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** TERRAL SEED, INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Pam Hatfield

Name of Person

Pioneer Hi-Bred International, Inc.

Firm/Company

7250 NW 62nd Avenue, PO Box 1014

Address

Johnston IA 50131-1014

City/State and Zip code

pam.hatfield@pioneer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Hatfield

Name of Person

at ( 515 ) 535-4837

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:



\$70.00 Filing Fee



\$78.75 Filing Fee &  
Certificate of Status



\$78.75 Filing Fee &  
Certified Copy



\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. TERRAL SEED, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 08/03/1953

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 604 Blount Street, Lake Providence, LA, 71254

(Principal office address)

604 Blount Street, PO Box 826, Lake Providence, LA, 71254

(Current mailing address)

8. Sale of hybrid seed

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

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10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



**James Halpin**  
Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: SEE ATTACHED

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Chad Dyer  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Assistant Secretary  
(Typed or printed name and capacity of person signing application)

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**TERRAL SEED, INC.**  
**August 27, 2012**

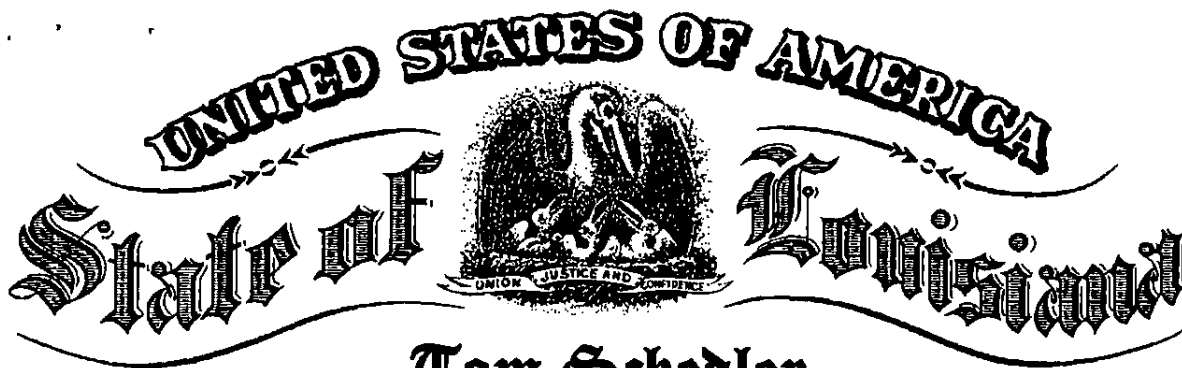
**Directors:**

Director	Paul E. Schickler 7100 NW 62 <sup>nd</sup> Avenue Johnston, IA 50131
Director	Gregory R. Friedman 8850 NW 62 <sup>nd</sup> Avenue Johnston, IA 50131
Director	Judith McKay 5700 Merle Hay Road Johnston, IA 50131

**Officers:**

President	Paul E. Schickler 7100 NW 62 <sup>nd</sup> Avenue Johnston, IA 50131
Vice President	Alejandro Munoz 7100 NW 62 <sup>nd</sup> Avenue Johnston, IA 50131
Treasurer	Gregory R. Friedman 8850 NW 62 <sup>nd</sup> Avenue Johnston, IA 50131
Assistant Treasurer	Matthew Paul 9161 Northpark Drive Johnston, IA 50131
Assistant Treasurer	Curtis A. Rouse 8850 NW 62 <sup>nd</sup> Avenue Johnston, IA 50131
Secretary	Judith E. McKay 5700 Merle Hay Road Johnston, IA 50131
Assistant Secretary	Dean C. Mohr 5700 Merle Hay Road Johnston, IA 50131
Assistant Secretary	Chad A. Johnson 5700 Merle Hay Road Johnston, IA 50131

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**Tom Schedler**

**SECRETARY OF STATE**

*As Secretary of State of the State of Louisiana I do hereby Certify that*

**TERRAL SEED, INC.**

A corporation domiciled in LAKE PROVIDENCE, LOUISIANA,

Filed charter and qualified to do business in this State on August 03, 1953,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 29, 2012

*Secretary of State*

Web 22302530D



Certificate ID: 10303229#GGG62

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)

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