2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F30946

Entity Name: MARMAN (NUFARM) INC.

FILED Jan 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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155 HARVESTER DR 150 HARVESTER DR. SUITE 200 SUITE 200

BURR RIDGE, IL 60527 US BURR RIDGE, IL 60527 US

Current Mailing Address: New Mailing Address:

155 HARVESTER DR. 150 HARVESTER DR.

SUITE 200 SUITE 200

BURR RIDGE, IL 60527 US BURR RIDGE, IL 60527 US

FEI Number: 59-2110843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title: CRAWFORD, GREG PRES MELLODY, DALE PRES Name: Name: 155 HARVESTER DR Address: 150 HARVESTER DR., SUITE 200 Address: City-St-Zip: BURR RIDGE, IL 60527 US City-St-Zip: BURR RIDGE, IL 60527 US

Title: D () Delete Title: D (X) Change () Addition

Name: BARBER, GARY CFO Name: BARBER, GARY CFO

Address: 155 HARVESTER DR Address: 150 HARVESTER DR., SUITE 200
City-St-Zip: BURR RIDGE, IL 60527 US City-St-Zip: BURR RIDGE, IL 60527 US

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: KEN MIKES OFFC 01/18/2008