

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # F94000000764 (0)

1. Corporation Name
SANDOZ AGRO, INC.



Principal Place of Business

Mailing Address

1300 EAST TOUHY AVENUE
DES PLAINES IL 60018

1300 EAST TOUHY AVENUE
DES PLAINES IL 60018-3315

410 Swing Rd
Greensboro, NC 27409

P.O. Box 18300
Greensboro, NC 27419-8300

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/16/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
36-3430396

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

C T CORPROATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DALE A	
STREET ADDRESS	1300 E. TOUHY AVENUE	
CITY- ST- ZIP	DES PLAINES IL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	IMHOF, HEINZ	
STREET ADDRESS	608 5TH AVENUE	
CITY- ST- ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRENNAN, THOMAS M	
STREET ADDRESS	1300 EAST TOUHY AVENUE	
CITY- ST- ZIP	DES PLAINES IL 60018	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FULLAGER, EDGAR	
STREET ADDRESS	608 5TH AVE	
CITY- ST- ZIP	NEW YORK NY 10020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHELLING, HANSPETER	
STREET ADDRESS	SANDOZ AGRO LTD., CH-4002	
CITY- ST- ZIP	BASLE, SWITZERLAND	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT III, ARTHUR B	
STREET ADDRESS	1300 E. TOUHY AVENUE	
CITY- ST- ZIP	DES PLAINES IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark Hodgson	
1.3 STREET ADDRESS	1300 E. Touhy Ave	
1.4 CITY- ST- ZIP	Des Plaines, IL 60018	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRENNAN, THOMAS M.	
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas M. Brennan Thomas M Brennan 4/24/97 40-62-6158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0481996

CR2E034 (9/96)