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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000764 (0)

SANDOZ AGRO, INC.

Principal Place of Business Mailing Address 410 SWING RD PO BOX 18300 GREENSBORO NC 27419-8300 **GREENSBORO NC 27409** 

## **FILED** Apr 24 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-3430396 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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: typed or princed harms of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change Addition TITLE 1.1 TITLE HODGSON, MARK michael Maggio NAME 1.2 NAME 1300 E. TOUHY AVE. 410 Swing Rol STREET ADDRESS 1.3 STREET ADDRESS DES PLAINES IL crearspars 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE Change CALLY) IMHOF, HEINZ NAME 2.2 NAME مذالنو كلصه **608 5TH AVENUE** uso swing rid STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 2.4 CITY - ST - ZIP oreembors, nc 27409 DELETE 3 1 TITLE Change **X** Addition TITLE BRENNAN, THOMAS M. handa oraning NAME 3.2 NAME **1300 EAST TOUHY AVENUE** 3.3 STREET ADDRESS STREET ADDRESS 410 6wing Mal. DES PLAINES IL 3.4. CITY - ST-ZIP NC MUOG CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition PULLAGER, EDGAR NAME 4. 2 NAME ooughed watson **608** 5TH AVE STREET ADDRESS 4.3 STREET ADDRESS SCH MOTTUS AVE **NEW YORK NY 10020** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 11TLE **SCHELLING, HANSPETER** 52 NAME cloude oulax NAME SANDOZ AGRO LTD., CH-4002 sou mollis Ave STREET ADDRESS 5.3 STREET ADDRESS BASLE, SWITZERLAND CITY-ST-ZIP 5.4 CITY-ST-ZIP W.2 DELETE ☐ Addition TITLE 6.1 TITLE 0 6.2 NAME NAME Robert Thompson ic morris Ave STREET ADDRESS 6.3 STREET ADDRESS

14. I 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.