

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001452

1. Entity Name

MYCOGEN CROP PROTECTION, INC.

Principal Place of Business

Mailing Address

5501 OBERLIN DRIVE
SAN DIEGO CA 92121

9330 ZIONSVILLE RD
INDIANAPOLIS IN 46268-1053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0668708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HEIN, NICKOLAS D | |
| STREET ADDRESS | 9330 ZIONSVILLE RD | |
| CITY-ST-ZIP | INDIANAPOLIS IN | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | WALES, WILLIAM W | |
| STREET ADDRESS | 9330 ZIONSVILLE RD | |
| CITY-ST-ZIP | INDIANAPOLIS IN | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | WHITLOCK, GARY L | |
| STREET ADDRESS | 9330 ZIONSVILLE RD | |
| CITY-ST-ZIP | INDIANAPOLIS IN | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | W. Peter Siggelko | |
| STREET ADDRESS | 9330 Zionsville Road | |
| CITY-ST-ZIP | Indianapolis, IN 46256 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

William W. Wales
WILLIAM W. WALES

Vice President and Secretary

3/7/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)