

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F96000001452

FILED
Jan 08, 2007
Secretary of State

Entity Name: MYCOGEN CROP PROTECTION, INC.

Current Principal Place of Business:

9330 ZIONSVILLE ROAD
INDIANAPOLIS, IN 46268

New Principal Place of Business:

Current Mailing Address:

9330 ZIONSVILLE RD
INDIANAPOLIS, IN 46268

New Mailing Address:

FEI Number: 33-0668708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: ROBERT S. LANE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIGGELKO, W. PETER
Address: 9330 ZIONSVILLE RD
City-St-Zip: INDIANAPOLIS, IN 46268

Title: VSD () Delete
Name: WALES, WILLIAM W
Address: 9330 ZIONSVILLE RD
City-St-Zip: INDIANAPOLIS, IN 46268

Title: VTD () Delete
Name: LARA, ROGELIO A
Address: 9330 ZIONSVILLE ROAD
City-St-Zip: INDIANAPOLIS, IN 46268

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: SLACK, GORDON
Address: 9330 ZIONSVILLE ROAD
City-St-Zip: INDIANAPOLIS, IN 46268

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM W. WALES

VSD

01/08/2007

Electronic Signature of Signing Officer or Director

Date