2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# F96000003430

Entity Name: THE NATIONAL ASSOCIATION OF STATE DEPARTMENTS OF AGRICULTURE, INC.

Current Principal Place of Business:

1156 15TH STREET, NW, SUITE 1020
WASHINGTON, DC 200051704

New Principal Place of Business:

Current Mailing Address:

1156 15TH STREET, NW, SUITE 1020
WASHINGTON, DC 200051704

New Mailing Address:

FEI Number: 52-0845105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	RUDGERS, NATHAN	
Address:	1 WINNERS CIRCLE, CAPITOL PLAZA	
City-St-Zip:	ALBANY, NY 12235	
Title:	PE	( ) Delete
Name:	COUNTER, J. CARLTON III	
Address:	1100 BANK STREET, STE 210	
City-St-Zip:	RICHMOND, VA 23219	
Title:	ST	( ) Delete
Name:	JUDGE, PATTY	
Address:	IOWA DEPT OF AGRICULTURE, WALLACE BLDG.	
City-St-Zip:	DES MOINES, IA 50319	
Title:	COO	( ) Delete
Name:	COX, STEPHEN R	
Address:	1156 15TH STREET NW 1020	
City-St-Zip:	WASHINGTON, DC 20005	
Title:	AT	( ) Delete
Name:	TAKASUGI, PATRICK	
Address:	2270 OLD PENITENTIARY ROAD	
City-St-Zip:	BOISE, ID 83712	
Title:	EVP	( ) Delete
Name:	KIRCHHOFF, RICHARD W	
Address:	1156 15TH STREET, NW SUITE 1020	
City-St-Zip:	WASHINGTON, DC 200051704	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN R COX COO 03/20/2006

Electronic Signature of Signing Officer or Director — Date