## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000000072

Entity Name: SYNGENTA CROP PROTECTION, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
410 SWING GREENSB	RD ORO, NC 274	09 US						
Current Mailing Address:				New Mailing Address:				
P.O. BOX 1 GREENSB	18300 ORO, NC 274	198300 US						
FEI Number:	56-2001572	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificat	te of Status Desired ( )	
Name and	Address of Co	urrent Registered Agent:		Name and	Address of	New Regi	istered Agent:	
C/O CT CC 1200 SOUT PLANTATION		SYSTEM ID RD.	ourpose o	f changing it	ts registered	office or re	egistered agent, or bot	th,
SIGNATUR								
	Electroni	c Signature of Registered Age	ent			[	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).						
OFFICERS	S AND DIRECT	ORS:		ADDITION	S/CHANGES	S TO OFF	ICERS AND DIRECT	ORS:
Title: Name: Address: City-St-Zip:	ALVENTOSA, VII 3718 CARDINAL GREENSBORO, P ( )	DOWNS DRIVE NC 27410 Delete		Title: Name: Address: City-St-Zip: Title:	QUARLES, BE 105 PENNING PAOLI, PA 19	TON RD		
Name: Address: City-St-Zip:	VALDEMAR, FIS 3201 ALLERTON GREENSBORO,	I CIR		Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	HL () ALVENTOSA, VII 3718 CARDINAL GREENSBORO,	DOWNS DR.		Title: Name: Address: City-St-Zip:	HL (X QUARLES, BE 105 PENNING PAOLI, PA 19	TON RD	) Addition	
Title: Name: Address: City-St-Zip:	AS () WRIGHT, MILLIE 100 CRESTHILL JAMESTOWN, N	ROAD		Title: Name: Address: City-St-Zip:	(	) Change(	) Addition	
Title: Name: Address: City-St-Zip:	HF () PATRICK, MARK 7201 HENSON F SUMMERFIELD,	ARM WAY		Title: Name: Address: City-St-Zip:	HF (X FOGDEN, JAS 6097 GRINST GREENSBOR	ED COURT	,	
Title: Name: Address: City-St-Zip:	COO () CHRISTOPHER 22, RUE DE LAN DIETWILLER,	IDSER		Title: Name: Address: City-St-Zip:	(	) Change(	) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MILLIE WRIGHT AS 04/24/2008