2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F97000000072

Entity Name: SYNGENTA CROP PROTECTION, INC.

Current Principal Place of Business:

410 SWING RD
GREENSBORO, NC 27409 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18300
GREENSBORO, NC 274198300 US

New Mailing Address:

FEI Number: 56-2001572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 333242525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	QUARLES, BETH	
Address:	105 PENNINGTON RD	
City-St-Zip:	PAOLI, PA 19301	
Title:	P	( ) Delete
Name:	VALDEMAR, FISCHER	
Address:	3201 ALLERTON CIR	
City-St-Zip:	GREENSBORO, NC 27409	
Title:	HL	( ) Delete
Name:	QUARLES, BETH	
Address:	105 PENNINGTON RD	
City-St-Zip:	PAOLI, PA 19301	
Title:	AS	( ) Delete
Name:	WRIGHT, MILLIE	
Address:	100 CRESTHILL ROAD	
City-St-Zip:	JAMESTOWN, NC 27282	
Title:	HF	( ) Delete
Name:	FOGDEN, JASON	
Address:	6097 GRINSTED COURT	
City-St-Zip:	GREENSBORO, NC 27455	
Title:	COO	( ) Delete
Name:	CHRISTOPHER AKINS, JOHN	
Address:	22, RUE DE LANDSER	
City-St-Zip:	DIETWILLER, F-6840	

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 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 04/27/2009
Electronic Signature of Signing Officer or Director Date