

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000000563**

1. Entity Name

**AVENTIS ANIMAL NUTRITION INC.****FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90038 022 \*\*\*150.00

Principal Place of Business

**3480 PRESTON RIDGE RD  
STE 650  
ALPHARETTA GA 30005**

Mailing Address

**3480 PRESTON RIDGE RD  
STE 650  
ALPHARETTA GA 30005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **22-3539955**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>PD</b>			
	<b>COATES, BARRY</b>			
	<b>500 NORTHRIDGE RD., STE 620</b>			
	<b>ATLANTA GA</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>VT</b>			
	<b>SHAVZIN, DAVID</b>			
	<b>500 NORTHRIDGE RD., STE 620</b>			
	<b>ATLANTA GA</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>S</b>			
	<b>DONAHUE, JOHN P</b>			
	<b>RHONE-POULENC INC., CN-5266</b>			
	<b>PRINCETON NJ</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>T</b>			
	<b>HECKMAN, EDWARD</b>			
	<b>RHONE-POULENC INC., CN-5266</b>			
	<b>PRINCETON NJ</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>D</b>			
	<b>BOARDMAN, HAROLD F</b>			
	<b>RHONE-POULENC INC., CN-5266</b>			
	<b>PRINCETON NJ</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>AS</b>			
	<b>MULLER, RUDY</b>			
	<b>42, AVENUE ARISTIDE BRIAND</b>			
	<b>ANTONY HAUTS DE SEINE</b>			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>See attached sheet for current list of directors &amp; officers</b>				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** Douglas M. Winokur **Douglas M. Winokur**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01  
Date678-339-1504  
Daytime Phone #

CR2E034 (10/00)

044428

AVENTIS ANIMAL NUTRITION INC

CORPORATE OFFICERS

11/15/01  
805679  
Doc# F98000000563

President	Guy Harari 2323 Briarleigh Way Dunwoody, GA 30338-7005 SS# 673-05-1624	678-443-9531
Treasurer	Douglas M. Winokur 1109 Los Angeles Avenue Atlanta, GA 30306-3514 SS# 125-54-9129	404-817-7674
Secretary	Randall A. Jones, Esq. 8601 Bournemouth Drive Raleigh, NC 27615 SS# 221-46-1964	919-848-4331
Asst. Treasurer	Terry King 12 Whitmarsh Court Marlton, NJ 08053 SS# 197-40-8531	856-985-1266
Asst. Treasurer	Christopher Jannes	
Asst. Secretary	Francois Garnier 41 Rue de L'Avre 92210 Saint Cloud FRANCE	011.33.1.46.02.72.57
Board of Directors	Jérôme GERVAIS 20, rue de la Cadière 69600 - OULLINS Tél : (33) 04 72 85 48 18  A Paris : 72 rue de Seine 75006 PARIS Tél : '33) 01 43 26 60 25 Tél : Portable 06 80 30 70 10  Tél bureau : (33) 01 46 74 71 71	