2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90038 010 ***150.00

DOCUMENT # F99000004812

1. Entity Name

PIONEER HI-BRED INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1007 MARKET STREET, SUITE D8052 WILMINGTON DE 19898	1007 MARKET STREET, SUITE D8052 WILMINGTON DE 19898-0001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0391677 ☐ 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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VATD ADAMS, A. LLOYD 1007 MARKET STREET, SUITE D8052 WILMINGTON DE 19898	☒ Delete	D A. LLOYD ADAMS 1007 MARKET STREET WILMINGTON, DE 19898	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD GIRARDI, JOSEPH A 1007 MARKET STREET, SUITE D8052 WILMINGTON DE 19898	☒ Delete	D JOSEPH A. GIRARDI 1007 MARKET STREET WILMINGTON, DE 19898	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD STALNECKER, SUSAN M 1007 MARKET STREET, SUITE D8052 WILMINGTON DE 19898	☒ Delete	D SUSAN M. STALNECKER 1007 MARKET STREET WILMINGTON, DE 19898	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PFEIFFER, GARY 1007 MARKET STREET, SUITE D8052 WILMINGTON DE 19898	☒ Delete	PCEO JERRY L. CHICOINE 400 LOCUST STREET, SUITE 600 P.O. BOX 14458 DES MOINES, IA 50306-3458	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOLLIDAY, CHARLES O 1007 MARKET STREET, SUITE D8052 WILMINGTON DE 19898	☒ Delete	VP JERRY ARMSTRONG 400 LOCUST STREET, SUITE 600 P.O. BOX 14458 DES MOINES, IA 50306-3458	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEA, LORIANN 1007 MARKET STREET, SUITE D8052 WILMINGTON DE 19898	☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #