## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000004812

Entity Name: PIONEER HI-BRED INTERNATIONAL, INC.

FILED Mar 29, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
400 LOCU: SUITE 800 DES MOIN						
Current Mailing Address:			New I	New Mailing Address:		
400 LOCU: SUITE 800 DES MOIN						
FEI Number:	51-0391677	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status De	sired ( )
Name and	Address of C	urrent Registered Agent:	Name	and Address of	New Registered Ager	nt:
1200 SOUT	ORATION SYS TH PINE ISLAI ON, FL 33324	ND ROAD				
The above in the State	named entity s of Florida.	submits this statement for the p	urpose of chang	jing its registered	office or registered age	ent, or both,
SIGNATUF	RE:					
	Electron	ic Signature of Registered Age	ent		Date	_
Election Can	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:	ADDI'	TIONS/CHANGES	TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	ADAMS, A. LLC	STREET, SUITE D8052	Title: Name: Addres: City-St-	s:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	JESSUP, JOHN	STREET, SUITE D8052	Title: Name: Addres: City-St-	JESSUP, JOH s: 1007 MARKET	STREET, SUITE D8000	
Title: Name: Address: City-St-Zip:	PERRY, PHILLI	STREET, SUITE D8052	Title: Name: Address City-St-	WHITE, JULIA s: 1007 MARKET	STREET, SUITE D8032	
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address City-St-	OESTREICH, s: 7100 NW 62N	D AVENUE	
Title: Name: Address: City-St-Zip:	JACOBI, DANIÉ	TREET, SUITE 700	Title: Name: Addres: City-St-	JACOBI, DANI s: 400 LOCUST :	STREET, SUITE 800	
Title: Name: Address: City-St-Zip:	LEA, LORIANN	Delete STREET, SUITE D8052 DE 19898	Title: Name: Address City-St-	s:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUTH HENSON AS 03/29/2004

RUTH HENSON, ASST. SECRETARY 400 LOCUST STREET, SUITE 800 DES MOINES, IA 50309

ROSS, FRANK, TREASURER & CFO 400 LOCUST STREET, SUITE 700 DES MOINES, IA 50309

WEST, TOM, VP 400 LOCUST STREET, SUITE 700 DES MOINES, IA 50309

GUMINA, MIKE, VP 6900 N.W. 62ND AVENUE JOHNSTON, IA 50131

MILLER, JAMES E., VP 7300 N.W. 62ND AVENUE JOHNSTON, IA 50131

HANIGAN, THOMAS M., VP 7200 N.W. 62ND AVENUE JOHNSTON, IA 50131