2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

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Entity Name: PIONEER HI-BRED INTERNATIONAL, INC.

Current Principal Place of Business:

9550 WHITE OAK LANE
SUITE 100
JOHNSTON, IA 501311014 US

New Principal Place of Business:

Current Mailing Address:

7100 NW 62ND STREET, P.O.BOX 1014
JOHNSTON, IA 501311014 US

New Mailing Address:

FEI Number: 51-0391677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D ( ) Delete
Name: ADAMS, A. LLOYD
Address: 1007 MARKET STREET, SUITE D8052
City-St-Zip: WILMINGTON, DE 19898

Title: D ( ) Delete
Name: JESSUP, JOHN
Address: 1007 MARKET STREET, SUITE D8000
City-St-Zip: WILMINGTON, DE 19898

Title: D ( ) Delete
Name: GIRARDI, ANDREW R
Address: 1007 MARKET STREET, SUITE D8031
City-St-Zip: WILMINGTON, DE 19898

Title: PRES ( ) Delete
Name: OESTREICH, DEAN C
Address: 7100 NW 62ND AVENUE
City-St-Zip: JOHNSTON, IA 50131

Title: SEC ( ) Delete
Name: JACOBI, DANIEL
Address: 7100 NW 62ND AVENUE, P.O.BOX 1014
City-St-Zip: DES MOINES, IA 501311014

Title: AS ( ) Delete
Name: HENSON, RUTH
Address: 7100 NW 62ND AVENUE, P.O.BOX 1014
City-St-Zip: JOHNSTON, IA 501311014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DONAGHEY, JAMES P
Address: 1007 MARKET STREET, SUITE D8052
City-St-Zip: WILMINGTON, DE 19898

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 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: RUTH HENSON AS 04/04/2006

Electronic Signature of Signing Officer or Director — Date