2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004812

Entity Name: PIONEER HI-BRED INTERNATIONAL, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	2ND AVENUE N, IA 50131101	4 US				
Current Mailing Address:		New Mailin	New Mailing Address:			
	E HAY ROAD, N, IA 50131101	P.O.BOX 1014 4 US				
FEI Number:	51-0391677	FEI Number Applied For ()	El Number Not Appli	licable () Certificate of Status Desired ()		
Name and	Address of Cเ	ırrent Registered Agent:	Name and	Address of New Registered Agent:		
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324					
The above in the State		ubmits this statement for the purp	ose of changing its	its registered office or registered agent, or both,		
SIGNATUR	E:					
	Electronic	Signature of Registered Agent		Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DONAGHEY, JAN	TREET, SUITE D8052	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	STALNECKER, S	TREET, SUITE D8000	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	GRIVAS, ALICÍA	TREET, SUITE D8031	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PRES () [SCHICKLER, PA 7100 NW 62ND A JOHNSTON, IA	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	JACOBI, DANIEL	Y ROAD, P.O.BOX 1014	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition COSGROVE, DANIEL J 5700 MERLE HAY ROAD, P.O.BOX 1014 JOHNSTON, IA 501311014 US		
Title: Name: Address: City-St-Zip:	VP () E WAITE, STEVEN 7200 NW 62ND A JOHNSTON, IA	AVENUE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MCKAY, JUDITH 7200 NW 62ND AVENUE JOHNSTON, IA 50131 US		

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: JUDITH MCKAY VP 04/07/2009