

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006577

1. Entity Name

AVENTIS CROPS SCIENCE USA HOLDING INC.

FILED

00 JUN -8 AM 10:59

Principal Place of Business 2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709	Mailing Address 2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709
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SECRETARY OF STATE
FLORIDA
018100 9100131002 \$550.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P.O. Box 12014
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 56-2165219	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: WEINER, KAREN J STREET ADDRESS: 2 T.W. ALEXANDER DRIVE CITY-ST-ZIP: RESEARCH TRIANGLE PARK NC 27709	<input type="checkbox"/> Delete	TITLE: VS D NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSAT NAME: JONES, RANDALL A STREET ADDRESS: 2 T.W. ALEXANDER DRIVE CITY-ST-ZIP: RESEARCH TRIANGLE PARK NC 27709	<input type="checkbox"/> Delete	TITLE: AS NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JONES, RANDALL A STREET ADDRESS: 2 T.W. ALEXANDER DRIVE CITY-ST-ZIP: RESEARCH TRIANGLE PARK NC 27709	<input checked="" type="checkbox"/> Delete	TITLE: VT NAME: DALE SHELLEY STREET ADDRESS: 2 TW ALEXANDER DR CITY-ST-ZIP: RESEARCH TRIANGLE PARK, NC 27709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTAS NAME: MORRIS, KENNETH STREET ADDRESS: 2 T.W. ALEXANDER DRIVE CITY-ST-ZIP: RESEARCH TRIANGLE PARK NC 27709	<input type="checkbox"/> Delete	TITLE: AS NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MORRIS, KENNETH STREET ADDRESS: 2 T.W. ALEXANDER DRIVE CITY-ST-ZIP: RESEARCH TRIANGLE PARK NC 27709	<input checked="" type="checkbox"/> Delete	TITLE: DP NAME: THORRY AMAT STREET ADDRESS: 2 TW ALEXANDER DR. CITY-ST-ZIP: RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: MAURICE DELAGU (D COB) STREET ADDRESS: 2 TW ALEXANDER DR. CITY-ST-ZIP: RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exempt on 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: Randall A Jones Date: 5/25/2000 Daytime Phone #: 919-549-2804

CR2E034 (9/99)