

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006577.

1. Entity Name

AVENTIS CROPSOURCE 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

US

3. Mailing Address

P.O. Box 12014

Suite, Apt. #, etc.

City & State

Zip

Country

US

6/8/00 9:00:13 AM
SECRETARY OF STATE
TREASURY
FLORIDA
\$550.00

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2165219

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PO WEINER, KAREN J 2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSAT JONES, RANDALL A 2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RANDALL A 2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS MORRIS, KENNETH 2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, KENNETH 2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DALE SHELLEY 2 TW ALEXANDER DR RESEARCH TRIANGLE PARK, NC 27709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THERRY AMAT 2 TW ALEXANDER DR. RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAURICE DELAG (D (08) 2 TW ALEXANDER DR. 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 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:

Randa Jones

5/25/2000 919-544-2804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (9/99)