2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# M08000003142

Entity Name: ARYSTA LIFESCIENCE NORTH AMERICA, LLC

Current Principal Place of Business:

15401 WESTON PKWY - STE 150
CARY, NC 27513

New Principal Place of Business:

Current Mailing Address:

15401 WESTON PKWY - STE 150
CARY, NC 27513

New Mailing Address:

FEI Number: 22-1888944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LENCE, ROBERT
Address: 8 EAST BROADWAY - STE 613
City-St-Zip: SALT LAKE CITY, UT 84111

Title: MGR ( ) Delete
Name: BLASER, THOMAS
Address: 15401 WESTON PKWY - STE 150
City-St-Zip: CARY, NC 27513

Title: MGR ( ) Delete
Name: LEWIS, WILLIAM M
Address: 15401 WESTON PKWY - STE 150
City-St-Zip: CARY, NC 27513

Title: MGR ( ) Delete
Name: JOHNSON, TIMOTHY
Address: 15401 WESTON PKWY - STE 150
City-St-Zip: CARY, NC 27513

Title: MGR (X) Delete
Name: RICHARDS, CHRISTOPHER
Address: 38-39F ST LUKE'S TOWER-8-1 AKASHI-CHUO-KU
City-St-Zip: TOKYO 104-6591 JAPAN, XX

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LENCE, ROBERT
Address: 15401 WESTON PKWY - STE 150
City-St-Zip: CARY, NC 27513

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: RICHARDS, CHRISTOPHER
Address: 15401 WESTON PKWY - STE 150
City-St-Zip: CARY, NC 27513

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: /S/ WILLIAM M. LEWIS MGR 05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date