2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90097 043 ***150.00

DOCUMENT # P03761

1. Entity Name

LEND LEASE AGRI-BUSINESS, INC.

Principal Place of Business	Mailing Address
12747 OLIVE STREET ROAD STE 350 ST LOUIS MO 63141 US	3424 PEACHTREE RD NE SUITE 800 ATLANTA GA 30326-2638 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-1571529 ☐ 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
CT CORPORATION SYSTEM 1200 S. 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	DV DEGNAN, AMBER B 3424 PEACHTREE RD NE STE 800 ATLANTA GA 30326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT URDANICK, PETER J. 3424 PRACHTREE RD NE STE 800 ATLANTA GA 30326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Richard E. Henderson, Jr. 12747 Olive St. Rd. St. Louis, MO 63141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, EDWIN J 12747 OLIVE STREET RD. ST. LOUIS MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director (only)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCKEAN, THOMAS A 3424 PEACHTREE RD NE STE 800 ATLANTA GA 30326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Sec. Debbie J. Newmark 3424 Peachtree Rd.,NE, Suite 800 Atlanta, GA 30326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV QUILLE, JAMES A 3424 PEACHTREE RD NE STE 800 ATLANTA GA 30326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ray H. D'Ardenne 3424 Peachtree Rd., NE, Suite 800 Atlanta, GA 30326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANKS, MATTHEW S 3424 PEACHTREE RD NE STE 800 ATLANTA GA 30326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Samuel F. Hatcher 3424 Peachtree Rd., NE, Suite 800 Atlanta, GA 30326	☐ Change ☒ Addition

CR2E034 (9/99)

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: Debbie J. Newmark Debbie J. Newmark 1/24/00 404-848-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #