

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10090

Entity Name: NETAFIM IRRIGATION, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

5470 E HOME AVE
FRESNO, CA 93727 US

New Principal Place of Business:

Current Mailing Address:

ATTN: DIRECTOR OF FINANCE
5470 E. HOME AVENUE
FRESNO, CA 93727 US

New Mailing Address:

FEI Number: 11-2580327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH,LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: AISENBERG, IGAL N PCEOD
Address: 5470 E HOME AVE
City-St-Zip: FRESNO, CA 93727

Title: CD () Delete
Name: BLOCH, OFER CD
Address: 10 HA'SHALOM ST
City-St-Zip: TEL AVIV, NA 67892 IS

Title: TS () Delete
Name: HARPER, ALAN W TS
Address: 5470 E HOME AVE
City-St-Zip: FRESNO, CA 93727 US

Title: AS () Delete
Name: BARTFELD, PETER M AS
Address: 685 THIRD AVE.
City-St-Zip: NEW YORK, NY 10017 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ALAN W HARPER

TS

04/21/2009

Electronic Signature of Signing Officer or Director

Date