

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15586

Entity Name: BAYER CORPORATION

FILED
Feb 11, 2005
Secretary of State

Current Principal Place of Business:

100 BAYER ROAD
PITTSBURGH, PA 152059741 US

New Principal Place of Business:

Current Mailing Address:

100 BAYER ROAD
PITTSBURGH, PA 152059741 US

New Mailing Address:

FEI Number: 25-1339219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: AKERS, JOSEPH A
Address: 716 CARRIAGE DR
City-St-Zip: WEXFORD, PA 15090

Title: SVPC () Delete
Name: WENZEL, FRANK,
Address: 10005 VALLEYVIEW CT
City-St-Zip: WEXFORD, PA 15090

Title: SVPC () Delete
Name: LYKOS, GEORGE
Address: 132 SEBAGO LAKE DRIVE
City-St-Zip: SEWICKLEY, PA 15143

Title: VPT () Delete
Name: WYNE, JON R.,
Address: 6 HIGHVIEW DR
City-St-Zip: SEWICKLEY, PA 15143

Title: PCEO () Delete
Name: MOLNAR, ATTILA DR
Address: 320 ACADEMY AVE
City-St-Zip: SEWICKLEY, PA 15143

Title: VP () Delete
Name: WRIGHT, PAUL
Address: 111 DROOD LANE
City-St-Zip: PITTSBURGH, PA 15237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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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 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 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: PAUL WRIGHT

VP

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date