P15586

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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ACCOUNT NO. : 072100000032	
REFERENCE : 352448 722	23591
AUTHORIZATION Spellelena.	<u> </u>
COST LIMIT : \$ 35.00	
ORDER DATE : July 19, 2006	
ORDER TIME : 9:38 AM	
ORDER NO. : 252440-155	
CUSTOMER NO: 7223591	
CHANGE OF AGENT	· • • • • • • • • • • • • • • • • • • •
NAME: BAYER CORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Heather Chapman	
EXAMINER'S INITIALS:	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 00/.0302, 01/.0302, 00/.1308, or 01/.1308, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Indiana
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: BAYER CORPORATION
2. The principal	office address: 100 Bayer Road, Pittsburgh, PA 15205
·	And the second s
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: August 13, 1987Document number: P15586
	I street address of the current registered agent and registered office on file with the timent of State:
	CT Corporation System
	1200 S. Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
May	Maureen Cullen, Attorney In Fact ire of an other or diffector) (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
By: Muc	Service Company Luly 28 2006 gnature of Registered Agent) Pater of Registered Agent)
If signing on be	half of an entity:
	noy, Asst. Vice President Typed or Printed Name)
•	* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314