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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P20510** **(4)**

1. Corporation Name
DEKALB GENETICS CORPORATION

Principal Place of Business	Mailing Address
3100 SYCAMORE ROAD DEKALB IL 60115	3100 SYCAMORE ROAD DEKALB IL 60115-9621

3. Date Incorporated or Qualified: 08/17/1988	3a. Date of Last Report: 03/19/1996
4. FEI Number: 36-3586793	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: BICKNER, BRUCE P.		1.2 NAME	
STREET ADDRESS: 3100 SYCAMORE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP: DEKALB IL		1.4 CITY-ST-ZIP	
TITLE: PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: RYAN, RICHARD O.		2.2 NAME	
STREET ADDRESS: 3100 SYCAMORE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP: DEKALB IL		2.4 CITY-ST-ZIP	
TITLE: VS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: WITMER, JOHN H.		3.2 NAME	
STREET ADDRESS: 3100 SYCAMORE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP: DEKALB IL		3.4 CITY-ST-ZIP	
TITLE: T	☐ DELETE	4.1 TITLE: Treasurer / Vice President	☐ Change ☐ Addition
NAME: WAGLEY, DAVID R		4.2 NAME: Wagley, David R	
STREET ADDRESS: 3100 SYCAMORE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP: DEKALB IL		4.4 CITY-ST-ZIP	
TITLE: V	☒ DELETE	5.1 TITLE: Senior Vice President	☐ Change ☒ Addition
NAME: OLSON, GREG L.		5.2 NAME: Crowder, Richard T.	
STREET ADDRESS: 3100 SYCAMORE ROAD		5.3 STREET ADDRESS: 3100 Sycamore Road	
CITY-ST-ZIP: DEKALB IL		5.4 CITY-ST-ZIP: DeKalb, IL 60115	
TITLE: VPFC	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME: RAUMAN, THOMAS R		6.2 NAME	
STREET ADDRESS: 3100 SYCAMORE ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP: DEKALB IL		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I declare to the best of my knowledge and belief, 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John H. Witmer, Jr. 3/12/97 (815) 758-9231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title: V.P./Secretary — Date — Daytime Phone #

0481891