2006 FOR PROFIT CORPORATION

Mar 03, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P25386 03-03-2006 90114 023 ***150.00 1. Entity Name DELTA AND PINE LAND COMPANY Principal Place of Business Mailing Address Vintage. 100 MAIN STREET 100 MAIN STREET P.O. BOX 157 P.O. BOX 157 SCOTT, MS 38772 SCOTT, MS 38772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 62-1040440 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -- -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change Addition JACOBY, JON E NAME NAME STREET ADDRESS 200 MAIN STREET/P.O. BOX 157 STREET ADDRESS SCOTT, MS 38772 CITY-ST-ZIP CITY-ST-ZIP VCD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROTH, STANLEY P NAME STREET ADDRESS 200 MAIN STREET/P.O. BOX 157 STREET ADDRESS CITY-ST-ZIP SCOTT, MS 38772 CITY-ST-ZIP VPFT Delete TITLE TITLE ☐ Change Addition GREENE, RICKY D NAME NAME STREET ADDRESS 200 MAIN STREET/P.O. BOX 157 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCOTT, MS 38772 ☐ Delete TITLE TITLE Change Addition HAFTER, JEROME C NAME 200 MAIN STREET/P.O. BOX 157 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SCOTT, MS 38772 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MURPHY, JOSEPH M. NAME 2687 NORTH OCEAN BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP ☐ Delete TITLE D TITLE ☐ Change ☐ Addition JAGODÍNSKI, W T NAME NAME STREET ADDRESS 200 MAIN STREET/P.O. BOX 157 STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under path; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SCOTT, MS 38772

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FILED