

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P32492

(1)

1. Corporation Name

MYCOGEN CORPORATION

Principal Place of Business

4900 CARROLL CANYON RD
SAN DIEGO CA 92121
US

Mailing Address

4900 CARROLL CANYON RD
SAN DIEGO CA 92121
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/16/1991

3a. Date of Last Report

05/18/1994

4. FEI Number

95-3802654

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCO
NAME CAULDER, JERRY D.
STREET ADDRESS 13545 MIRA MONTANA
CITY-ST-ZIP DEL MAR CA
SEE COMPLETE LIST
OF OFFICERS AND
DIRECTORS ON THE
ATTACHED SHEET.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE VD
NAME GLYNN, JAMES R.
STREET ADDRESS 13406 LANDFAIR ROAD
CITY-ST-ZIP SAN DIEGO CA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE V
NAME KIM, LEO
STREET ADDRESS 2939 GAVIOTA ST
CITY-ST-ZIP LA COSTA CA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE V
NAME KERN, ALBERT D
STREET ADDRESS 3408 LADY HILL ROAD
CITY-ST-ZIP SAN DIEGO CA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE VD
NAME BARNES, ANDREW
STREET ADDRESS 13306 LANDFAIR ROAD
CITY-ST-ZIP SAN DIEGO CA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME CABLE, THOMAS J.
STREET ADDRESS 777-108TH AVE. NE, #2300
CITY-ST-ZIP BELLEVUE WA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in or out of the State of Florida. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. GLYNN

1/17/95

(619) 453-8030

Signature (Block 14)