P-1-95-B-730-C

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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:21

DOCUMENT # P38008 (9)

1. Corporation Name
ROGERS SEED CO.

Principal Place of Business	Mailing Address
1755 WESTGATE DRIVE, SUITE 100 BOISE ID 83704	1755 WESTGATE DRIVE, SUITE 100 BOISE ID 83704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 600 N. Armstrong Pl.
Suite, Apt. #, etc. 22
City & State 23: Boise, ID
Zip 24: 83704 Country 25:

2a. Mailing Address
26 P.O. Box 4188
Suite, Apt. #, etc. 27
City & State 28: Boise, ID
Zip 29: 83711-4188 Country 30:

4. FEI Number: 82-0314106 ☐ 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

9. Name and Address of Current Registered Agent

C T 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	IMHOF, HEINZ P.	1.2 NAME	
STREET ADDRESS	608 5TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	PCEO	2.1 TITLE	☐ Change ☐ Addition
NAME	VAN OVERSCHOT, WILLEM	2.2 NAME	
STREET ADDRESS	202 W HULLS RIDGE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOISE ID	2.4 CITY-ST-ZIP	
TITLE	SVP	3.1 TITLE	☐ Change ☐ Addition
NAME	CLEARY, STEVEN W.	3.2 NAME	
STREET ADDRESS	897 E HIGHLAND VIEW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOISE ID	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	HANSEN, LEON A	4.2 NAME	
STREET ADDRESS	2935 PASCOE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAMPA ID	4.4 CITY-ST-ZIP	
TITLE	VPT	5.1 TITLE	☐ Change ☐ Addition
NAME	MCGRATH, MICHAEL F.	5.2 NAME	
STREET ADDRESS	1011 RIVER HGTS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERIDIAN ID	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	GELLER, RICHARD B.	6.2 NAME	
STREET ADDRESS	1800 STONEVIEW PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOISE ID	6.4 CITY-ST-ZIP	

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 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: Richard B. Geller General Counsel/ Secretary 01/18/95 208/322-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD B. GELLER

040160 FN