

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P38008** (9)

1. Corporation Name

ROGERS SEED CO.



Principal Place of Business

**600 N. ARMSTRONG PL.
BOISE ID 83704
US**

Mailing Address

**P.O. BOX 4188
BOISE ID 83704
US**

3. Date Incorporated or Qualified
03/20/1992

3a. Date of Last Report
02/01/1995

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

10. Name and Address of New Registered Agent

**C T 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 fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **IMHOF, HEINZ P.**

STREET ADDRESS **608 5TH AVE
NEW YORK NY**

CITY-STATE-ZIP

TITLE **PCEO** ☐ DELETE

NAME **VAN OVERSCHOT, WILLEM**

STREET ADDRESS **202 W HULLS RIDGE CT**

CITY-STATE-ZIP **BOISE ID**

TITLE **SVP** ☐ DELETE

NAME **CLEARY, STEVEN W.**

STREET ADDRESS **897 E HIGHLAND VIEW DR.**

CITY-STATE-ZIP **BOISE ID**

TITLE **VP** ☐ DELETE

NAME **HANSEN, LEON A**

STREET ADDRESS **2935 PASCOE LN**

CITY-STATE-ZIP **NAMPA ID**

TITLE **VPT** ☐ DELETE

NAME **MCGRATH, MICHAEL F.**

STREET ADDRESS **1011 RIVER HGTS DR.**

CITY-STATE-ZIP **MERIDIAN ID**

TITLE **S** ☐ DELETE

NAME **GELLER, RICHARD B.**

STREET ADDRESS **1860 STONEVIEW PL**

CITY-STATE-ZIP **BOISE ID**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

Daytime Phone #

CR2E034 (12/95)