

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004551

FILED
Jul 07, 2008
Secretary of State

Entity Name: BAYER COTTON SEED INTERNATIONAL, INC.

Current Principal Place of Business:

2 TW ALEXANDER DRIVE
RESEARCH TRIANGLE PARK, NC 27709

New Principal Place of Business:

Current Mailing Address:

2 TW ALEXANDER DRIVE
RESEARCH TRIANGLE PARK, NC 27709

New Mailing Address:

FEI Number: 51-0388310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: GILBERT, MIKE
Address: 3223 S. LOOP 289
City-St-Zip: LUBBOCK, TX 79423

Title: S () Delete
Name: ROEF, ANDRE
Address: TECHNOLOGIEPARK 38
City-St-Zip: 9052 GENT - BEKGIUM,

Title: CAO (X) Delete
Name: MAY, ANDY
Address: 2 T.W. ALEXANDER DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: AS (X) Delete
Name: KEATING, MARGARET
Address: 2 T.W. ALEXANDER DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: AS (X) Delete
Name: ABRAMS, KETH
Address: 100 BAYER ROAD
City-St-Zip: PITTSBURGH, PA 15205

Title: T (X) Delete
Name: SPAGNOL, TRACY
Address: 100 BAYER ROAD
City-St-Zip: PITTSBURGH, PA 15205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL FICKEN

POA

07/07/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date