

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 824029 (3)**  
 1. Corporation Name  
**MONSANTO ENVIRO-CHEM SYSTEMS INC**



|  |  |
|--|--|
| Principal Place of Business<br>800 NORTH LINDBERGH BLVD<br>ST LOUIS MI 63167 | Mailing Address<br>800 NORTH LINDBERGH BLVD<br>ST LOUIS MI 63167 |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 800 NORTH LINDBERGH BLVD.<br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br>26 800 NORTH LINDBERGH BLVD.<br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br>01/27/1970   |  |
| 22 City & State<br>23 ST. LOUIS,  |  | 27 City & State<br>28 MO   |  | 4. FEI Number<br>36-2684183 Applied For<br>Not Applicable   |  |
| 24 Zip<br>63167   |  | 25 Country<br>U.S.A.   |  | 29 Zip<br>63167   |  |
|   |  | 30 Country<br>U.S.A.   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
|   |  |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
|   |  |  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br>CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>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   |  |
|   |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | DCP<br>KILKENNY, JOHN E.<br>1387 THORNWICK<br>ST. LOUIS MO 63011     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |  | 1.2 NAME  |   |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DV<br>BOYER, L.O.<br>16272 FOREST MEADOWS<br>CHESTERFIELD MO         | 2.1 TITLE   | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  | GERALD A. WATSON  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    | 2026 WAKEFIELD LAKE ROAD  |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | GLENGOE, MO 63038   |
| TITLE                      | DV<br>WERNER, JOHN A. III<br>12837 BEAVER DAM ROAD<br>DES PERES MO   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S<br>SCHNEIDER, LLOYD R.<br>53 GAMLIN DR<br>FAIRVIEW HIGHTS IL 62208 | 4.1 TITLE   | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       |  | 4.2 NAME  | WILLIAM D. LAMBERT  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    | 18 LINDWORTH LANE   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | ST. LOUIS, MO 63124   |
| TITLE                      | T<br>DESAI, PANKAJ J.<br>14401 MARMONT DR<br>CHESTERFIELD MO 63017   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V<br>REDMOND, THOMAS B.<br>400 ALGONQUIN PLACE<br>ST. LOUIS MO 63119 | 6.1 TITLE   | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  | ANTHONY G. COREY  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | 1445 BRITANIA DRIVE   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | ST. LOUIS, MO 63017   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

CR2E034 (10/97)