


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90057 041 ***150.00

DOCUMENT # 824029	
1. Entity Name MONSANTO ENVIRO-CHEM SYSTEMS INC	

Principal Place of Business 800 NORTH LINDBERGH BLVD ST LOUIS, MI 63167 US	Mailing Address 800 NORTH LINDBERGH BLVD ST LOUIS, MI 63167
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50012949



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2684183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP DESAI, PANKAJ J 938 ARLINGTON OAKS TERRACE CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ATTIN, MEHMET E 14522 S OUTER FORTY DR CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RHOADES, JANETTE M 23 RICHMOND COURT ST. CHARLES, MO 63303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MERZ, JOHN S 324 KINGS COURT ST LOUIS, MO 63034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V COLBY, LINDA H 7749 GANNON ST. LOUIS, MO 63130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SNODGRASS, ROBERT 14522 S. OUTER FORTY DR CHESTERFIELD, MO 63017

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Robert A. Snodgrass</u>	ASSISTANT TREASURER <u>1/28/05 (314) 694-8175</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #