

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000005583**

1. Entity Name  
**MONSANTO COMPANY**

Principal Place of Business 800 NORTH LINDBERGH BLVD./MAIL CODE: E2ND  ST LOUIS MO 63167	Mailing Address 800 NORTH LINDBERGH BLVD./MAIL CODE: E2ND  ST LOUIS MO 63167
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number  
**43-1878297**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
  
**PLANTATION FL 33324 US**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
  
City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE **01/04/2001**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO VERFAILLIE HENDRIK A <input type="checkbox"/> Delete 800 NORTH LINDBERGH BLVD./MAIL CODE: A3SA ST LOUIS MO 63167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO GRANT HUGH <input type="checkbox"/> Delete 800 NORTH LINDBERGH BLVD./MAIL CODE: A3NA ST LOUIS MO 63167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRALEY ROBERT T <input type="checkbox"/> Delete 800 NORTH LINDBERGH BLVD./MAIL CODE: A3NA ST LOUIS MO 63167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CREWS TERRELL K <input type="checkbox"/> Delete 800 NORTH LINDBERGH BLVD./MAIL CODE: A3NC ST LOUIS MO 63167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASALE CARL M <input type="checkbox"/> Delete 800 NORTH LINDBERGH BLVD./MAIL CODE: C3SA ST LOUIS MO 63167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAYLOCK MARTIN 3 <input type="checkbox"/> Delete 800 NORTH LINDBERGH BLVD./MAIL CODE: C2NJ ST LOUIS MO 63167

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Hendrik A. Verfallie** PCEO 01/04/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)