

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90158 037 ***150.00

CR2E034 (9/01)

DOCUMENT # F00000005583

1. Entity Name
MONSANTO COMPANY

Principal Place of Business Mailing Address
800 NORTH LINDBERGH BLVD./MAIL CODE: E2ND **800 NORTH LINDBERGH BLVD./MAIL CODE: E2ND**
ST LOUIS MO 63167 **ST LOUIS MO 63167**



2. Principal Place of Business 3. Mailing Address
800 N. Lindbergh Blvd **800 N. Lindbergh Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Louis MO **St. Louis MO**

Zip Country Zip Country
63167 **USA** ~~63167~~ **USA**

4. FEI Number Applied For
43-1878297 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2002 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	V	<input checked="" type="checkbox"/> Delete
NAME	BLAYLOCK, MARTIN 3	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: C2NJ	
CITY-ST-ZIP	ST LOUIS MO 63167	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASALE, CARL M	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: C3SA	
CITY-ST-ZIP	ST LOUIS MO 63167	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	CREWS, TERRELL K	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: A3NC	
CITY-ST-ZIP	ST LOUIS MO 63167	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRALEY, ROBERT T	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: A3NA	
CITY-ST-ZIP	ST LOUIS MO 63167	
TITLE	VCOO	<input type="checkbox"/> Delete
NAME	GRANT, HUGH	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: A3NA	
CITY-ST-ZIP	ST LOUIS MO 63167	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	VERFAILLIE, HENDRIK A	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: A3SA	
CITY-ST-ZIP	ST LOUIS MO 63167	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Burson	
STREET ADDRESS	800 N. Lindbergh Blvd	
CITY-ST-ZIP	St. Louis MO 63167	
TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Brady	
STREET ADDRESS	800 N. Lindbergh Blvd	
CITY-ST-ZIP	St. Louis MO 63167	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert L. Brady **Robert L. Brady** Date: **1-23-02** Daytime Phone #: **314-694-1000**