


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90033 022 ***150.00

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1. Entity Name
MONSANTO COMPANY



Principal Place of Business
**800 NORTH LINDBERGH BLVD.
 ST LOUIS, MO 63167**

Mailing Address
**800 NORTH LINDBERGH BLVD.
 TAX DEPARTMENT/MAIL CODE: E2ND
 ST LOUIS, MO 63167**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
800 N. Lindbergh Blvd
 Suite, Apt. #, etc.
Tax Department - G5EE
 City & State
St. Louis, MO
 Zip Country
63167 USA



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
43-1878297

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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> Delete
NAME	BURSON, CHARLES	
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	ALTEALL, FRANK	
STREET ADDRESS	800 N. LINDBERGH BLVD.	
CITY-ST-ZIP	ST LOUIS, MO 63167	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AtLee III, Frank	
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert L. Brady **Robert L. Brady** 2/9/04 (314) 694-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #