

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90004 038 ***150.00

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1. Entity Name
MONSANTO COMPANY



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

Mailing Address
**800 NORTH LINDBERGH BLVD.
 TAX DEPARTMENT - G5EE
 ST LOUIS, MO 63167 US**

40006463



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1878297	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**

**DO NOT WRITE
 IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BURSON, CHARLES 800 NORTH LINDBERGH BLVD./MAIL CODE: C2NJ ST LOUIS, MO 63167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CASALE, CARL M 800 NORTH LINDBERGH BLVD./MAIL CODE: C3SA ST LOUIS, MO 63167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO CREWS, TERRELL K 800 NORTH LINDBERGH BLVD./MAIL CODE: A3NC ST LOUIS, MO 63167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRALEY, ROBERT T 800 NORTH LINDBERGH BLVD./MAIL CODE: A3NA ST LOUIS, MO 63167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO GRANT, HUGH 800 NORTH LINDBERGH BLVD./MAIL CODE: A3NA ST LOUIS, MO 63167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ATLEE, FRANK III 800 N. LINDBERGH BLVD. ST LOUIS, MO 63167

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 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: *Robert L. Brady* **Robert L. Brady** *1/4/05* *(314)694-1000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #