

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000005583



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**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **43-1878297** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 renewing)

000000-998-098

01/31/06 00021-002 150.00

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 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
NAME	BURSON, CHARLES
STREET ADDRESS	800 NORTH LINDBERGH BLVD /MAIL CODE: C2N3
CITY-ST-ZIP	ST LOUIS, MO 63167
TITLE	V
NAME	CASALE, CARL M
STREET ADDRESS	800 NORTH LINDBERGH BLVD /MAIL CODE: C3SA
CITY-ST-ZIP	ST LOUIS, MO 63167
TITLE	VCFD
NAME	CREWS, TERRELL K
STREET ADDRESS	800 NORTH LINDBERGH BLVD /MAIL CODE: A3NC
CITY-ST-ZIP	ST LOUIS, MO 63167
TITLE	V
NAME	FRALEY, ROBERT T
STREET ADDRESS	800 NORTH LINDBERGH BLVD /MAIL CODE: A3NA
CITY-ST-ZIP	ST LOUIS, MO 63167
TITLE	PCEO
NAME	GRANT, HUGH
STREET ADDRESS	800 NORTH LINDBERGH BLVD /MAIL CODE: A3NA
CITY-ST-ZIP	ST LOUIS, MO 63167
TITLE	DC
NAME	ATLEE, FRANK III
STREET ADDRESS	800 N. LINDBERGH BLVD.
CITY-ST-ZIP	ST LOUIS, MO 63167

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: \_\_\_\_\_

*Robert L. Brady* Robert L. Brady

1/5/06

(314) 694-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Line

Daytime Phone #