


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000005583			
1. Entity Name MONSANTO COMPANY			
Principal Place of Business 800 NORTH LINDBERGH BLVD. MAIL CODE: C2ND ST LOUIS, MO 63167		Mailing Address 800 NORTH LINDBERGH BLVD. TAX DEPARTMENT/MAIL CODE: C2ND ST LOUIS, MO 63167	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when existing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11...	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURSON, CHARLES	NAME	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: C2NJ	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 63167	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASALE, CARL M	NAME	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: C3SA	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 63167	CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, TERRELL K	NAME	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: A3NC	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 63167	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRALEY, ROBERT T	NAME	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: A3NA	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 63167	CITY-ST-ZIP	
TITLE	VCOO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, HUGH	NAME	
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: A3NA	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 63167	CITY-ST-ZIP	
TITLE	PCEO <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERFALLIE, HENDRIK A	NAME	Frank ATLEBII
STREET ADDRESS	800 NORTH LINDBERGH BLVD./MAIL CODE: A3SA	STREET ADDRESS	800 N. Lindbergh Blvd.
CITY-ST-ZIP	ST LOUIS, MO 63167	CITY-ST-ZIP	St. Louis, MO 63167
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: <i>Robert L. Brady</i>		SIGNATURE: <i>Robert L. Brady</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		DATE: 3/27/03	
		DAYTIME PHONE: (314) 2694-1000	

90073289



CHECK HERE IF MAKING CHANGES

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

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

CRE034 (10/02)