


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001678	
1. Entity Name ASSOCIATION OF MONSANTO-SOLUTIA RETIREES, INC.	

Principal Place of Business POST OFFICE BOX 863 CANTONMENT, FL 32533	Mailing Address POST OFFICE BOX 863 CANTONMENT, FL 32533
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02172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0411629	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STAPLES, THOMAS C 41 N JEFFERSON ST, SUITE 400 PENSACOLA, FL 32501
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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	CD TREECE, JACK POST OFFICE BOX 863 CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCARTHUR, GEARLD POST OFFICE BOX 863 CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLES, WILLIAM POST OFFICE BOX 863 CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH, SHERRY S POST OFFICE BOX 863 CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WRIGHT, LOIS POST OFFICE BOX 863 CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000092928
03/19/04-80028-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: R. S. Smith (R. S. Smith) 3-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #