

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90298 014 \*\*\*\*61.25

**50051125**



05032005 Chg-NP CR2E037 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                  |                                                                |                                                                                          |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>DOCUMENT # N02000001678</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                  |                                                                |         |                                              |
| 1. Entity Name<br>ASSOCIATION OF MONSANTO-SOLUTIA RETIREES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |                                                                |                                                                                          |                                              |
| Principal Place of Business<br>POST OFFICE BOX 863<br>CANTONMENT, FL 32533                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                  | Mailing Address<br>POST OFFICE BOX 863<br>CANTONMENT, FL 32533 |                                                                                          |                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | 3. Mailing Address                                                               |                                                                |                                                                                          |                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | Suite, Apt. #, etc.                                                              |                                                                |                                                                                          |                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | City & State                                                                     |                                                                | 4. FEI Number<br>03-0411629                                                              |                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | Country                                                                          |                                                                | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                  | 7. Name and Address of New Registered Agent                    |                                                                                          |                                              |
| STAPLES, THOMAS C<br>41 N JEFFERSON ST, SUITE 400<br>PENSACOLA, FL 32501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                  |                                                                |                                                                                          |                                              |
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                | <b>\$5.00 May Be Added to Fees</b>                                                       |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                  |                                                                | <b>Make check payable to Florida Department of State</b>                                 |                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10          |                                                                                          |                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CD                   | <input type="checkbox"/> Delete                                                  | TITLE                                                          | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TREECE, JACK         |                                                                                  | NAME                                                           |                                                                                          |                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | POST OFFICE BOX 863  |                                                                                  | STREET ADDRESS                                                 |                                                                                          |                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CANTONMENT, FL 32533 |                                                                                  | CITY-ST-ZIP                                                    |                                                                                          |                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                    | <input type="checkbox"/> Delete                                                  | TITLE                                                          | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MCARTHUR, GEARLD     |                                                                                  | NAME                                                           |                                                                                          |                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | POST OFFICE BOX 863  |                                                                                  | STREET ADDRESS                                                 |                                                                                          |                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CANTONMENT, FL 32533 |                                                                                  | CITY-ST-ZIP                                                    |                                                                                          |                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                    | <input checked="" type="checkbox"/> Delete                                       | TITLE                                                          | <input type="checkbox"/> Change                                                          | <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BOLES, WILLIAM       |                                                                                  | NAME                                                           | D<br>ODESSA WILSON                                                                       |                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | POST OFFICE BOX 863  |                                                                                  | STREET ADDRESS                                                 | P.O. BOX 863                                                                             |                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CANTONMENT, FL 32533 |                                                                                  | CITY-ST-ZIP                                                    | CANTONMENT, FL 32533                                                                     |                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD                   | <input checked="" type="checkbox"/> Delete                                       | TITLE                                                          | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SMITH, SHERRY S      |                                                                                  | NAME                                                           |                                                                                          |                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | POST OFFICE BOX 863  |                                                                                  | STREET ADDRESS                                                 |                                                                                          |                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CANTONMENT, FL 32533 |                                                                                  | CITY-ST-ZIP                                                    |                                                                                          |                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD                   | <input type="checkbox"/> Delete                                                  | TITLE                                                          | TD                                                                                       | <input checked="" type="checkbox"/> Change   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WRIGHT, LOIS         |                                                                                  | NAME                                                           |                                                                                          |                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | POST OFFICE BOX 863  |                                                                                  | STREET ADDRESS                                                 |                                                                                          |                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CANTONMENT, FL 32533 |                                                                                  | CITY-ST-ZIP                                                    |                                                                                          |                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD                   | <input type="checkbox"/> Delete                                                  | TITLE                                                          | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MARTHA MARTIN        |                                                                                  | NAME                                                           |                                                                                          |                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P.O. BOX 863         |                                                                                  | STREET ADDRESS                                                 |                                                                                          |                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CANTONMENT, FL 32533 |                                                                                  | 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)(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 617, 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: <u>Lois Wright</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | Date: <u>5-4-2005</u>                                                            |                                                                | Daytime Phone #                                                                          |                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                  |                                                                |                                                                                          |                                              |