

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001678

FILED
Apr 11, 2008
Secretary of State

Entity Name: ASSOCIATION OF MONSANTO-SOLUTIA RETIREES, INC.

Current Principal Place of Business:

POST OFFICE BOX 863
CANTONMENT, FL 32533

New Principal Place of Business:

11644 CLEAR CREEK DRIVE
PENSACOLA, FL 32514

Current Mailing Address:

POST OFFICE BOX 863
CANTONMENT, FL 32533

New Mailing Address:

P. O. BOX 863
CANTONMENT, FL 32533

FEI Number: 03-0411629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAPLES, THOMAS C
41 N JEFFERSON ST, SUITE 400
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MCARTHUR, GERALD
Address: POST OFFICE BOX 863
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: MCGRADY, FRANCES
Address: POST OFFICE BOX 863
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: WILSON, ODESSA
Address: P O BOX 863
City-St-Zip: CANTONMENT, FL 32533

Title: SD () Delete
Name: MARTIN, MARTHA
Address: P O BOX 863
City-St-Zip: CANTONMENT, FL 32533

Title: TD () Delete
Name: WRIGHT, LOIS
Address: POST OFFICE BOX 863
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS WRIGHT

TD

04/11/2008

Electronic Signature of Signing Officer or Director

Date