


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90004 034 \*\*\*150.00

<b>DOCUMENT # P20510</b> 1. Entity Name <b>DEKALB GENETICS CORPORATION</b>	
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Principal Place of Business <b>800 N. LINDBERGH BLVD TAX DEPT. G5EE ST LOUIS, MO 63167</b>	Mailing Address <b>800 N. LINDBERGH BLVD TAX DEPT. G5EE ST LOUIS, MO 63167</b>
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**40006467**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-3586793</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMILTON, NANCY 800 N LINDBERGH BLVD SAINT LOUIS, MO 63167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOP MCGUIRE, MIKE 800 N. LINDBERGH BLVD. ST. LOUIS, MO 63167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIN, JAMES P 800 N. LINDBERGH BLVD ST LOUIS, MO 63167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRALEY, ROBERT P 800 N. LINDBERGH BLVD ST LOUIS, MO 63167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRABLE, JAY 800 N. LINDBERGH BLVD. ST. LOUIS, MO 63167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CREWS, TERRELL K 800 N. LINDBERGH BLVD ST LOUIS, MO 63167

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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)(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.

<b>SIGNATURE:</b> <u>Robert L Brady</u> <b>Robert L Brady</b> <u>1/4/05</u> <u>(314) 694-1000</u>	Date	Daytime Phone #
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