

**F14000002999**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H140001630803ABCX

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To: Division of Corporations  
Fax Number : (850) 617-6381

**\*RE-SUBMIT\***

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

Please retain original filing date of submission 7/8

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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14 JUL 14 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION  
BIORELIANCE CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	067
Estimated Charge	\$1,020.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL -8 PM 1:44

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7/14/2014 13:52:00 From: To: 8506176381

( 2/7 )

850-617-6381 7/9/2014 11:55:50 AM PAGE 1/001 Fax Server



July 9, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: BIORELIANCE CORPORATION  
REF: W14000042166

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H14000163080  
Letter Number: 314A00014746

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 7/8

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** BioReliance Corporation

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joe Gilley, State Tax Manager

_____ Name of Person
Sigma-Aldrich
_____ Firm/Company
3050 Spruce St.
_____ Address
St. Louis, MO 63103
_____ City/State and Zip code
joseph.gilley@sial.com
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Gilley	at ( 314 ) 286-7731
_____ Name of Person	_____ Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. BioReliance Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 52-1541583  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/16/1996 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/31/2011  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 14920 Brnschart Rd., Rockville MD 20850  
(Principal office address)  
Attn: Tax Department, 3050 Spruce St., St. Louis MO 63103  
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: Cathi J. Wall Cathi J. Wall, Asst Secy  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JUL -8 PM 1:44

II. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Gilles Cottier  
Address: 3050 Spruce St.  
St. Louis MO 63103

Vice Chairman: Archie Cullen  
Address: 14920 Broschart Rd.  
Rockville MD 20850

Director: Michael Kanan  
Address: 3050 Spruce St.  
St. Louis MO 63103

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: Archie Cullen  
Address: 14920 Broschart Rd., Rockville MD 20850

Vice President: Michael Kanan  
Address: 3050 Spruce St., St. Louis MO 63103

Secretary: William Sardella  
Address: 14920 Broschart Rd., Rockville MD 20850

Treasurer: Michael Kanan  
Address: 3050 Spruce St., St. Louis MO 63103

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
14 JUL -8 PM 1:45

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_  
(Signature of Director or Officer)

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. George Miller, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

Addendum to:  
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

BioReliance Corporation  
52-1541583

B. Officers (continued)

Assistant Secretary: George Miller  
Address: 3050 Spruce St., St. Louis Mo 63103

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIORELIANCE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIORELIANCE CORPORATION" WAS INCORPORATED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JUL -8 PM 1:45

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1515732

DATE: 07-08-14