

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001135 (9)
 1. Corporation Name
SIGMA-ALDRICH, INC.



Principal Place of Business 3050 SPRUCE STREET ST. LOUIS MO 63103	Mailing Address 3050 SPRUCE STREET ST. LOUIS MO 63103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 43-1742718		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORI, CARL T	1.2 NAME	Ottiger, Phil
STREET ADDRESS	3050 SPRUCE STREET	1.3 STREET ADDRESS	3050 Spruce Street
CITY-ST-ZIP	ST. LOUIS MO 63103	1.4 CITY-ST-ZIP	St. Louis MO 63103
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, DAVID R	2.2 NAME	Harvey, David R.
STREET ADDRESS	3050 SPRUCE STREET	2.3 STREET ADDRESS	3050 Spruce Street
CITY-ST-ZIP	ST. LOUIS MO 63103	2.4 CITY-ST-ZIP	St. Louis MO 63103
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEICH, PETER A	3.2 NAME	Gleich, Peter A
STREET ADDRESS	3050 SPRUCE STREET	3.3 STREET ADDRESS	3050 Spruce Street
CITY-ST-ZIP	ST. LOUIS MO 63103	3.4 CITY-ST-ZIP	St. Louis MO 63103
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASKOWITZ, JEROME I	4.2 NAME	
STREET ADDRESS	3050 SPRUCE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63103	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, KIRK A	5.2 NAME	
STREET ADDRESS	3050 SPRUCE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63103	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, RICHARD	6.2 NAME	
STREET ADDRESS	3050 SPRUCE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63103	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter A Gleich* Peter A Gleich 6/12/98 314-771-5765

CR2E034 (10/97)