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Secretary of State

03-01-1999 90164 021 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000001135**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 []
 Suite, Apt. #, etc. 22 []
 City & State 23 []
 Zip 24 [] Country 25 []
 2a. Mailing Address
 26 []
 Suite, Apt. #, etc. 27 []
 City & State 28 []
 Zip 29 [] Country 30 []

3. Date Incorporated or Qualified
03/05/1997

4. FEI Number
43-1742718 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	OTTIGER, PHIL	
STREET ADDRESS	3050 SPRUCE ST	
CITY-ST-ZIP	ST LOUIS MO 63103	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARVEY, DAVID R	
STREET ADDRESS	3050 SPRUCE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GLEICH, PETER A	
STREET ADDRESS	3050 SPRUCE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KASKOWITZ, JEROME I	
STREET ADDRESS	3050 SPRUCE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RICHTER, KIRK A	
STREET ADDRESS	3050 SPRUCE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORRIS, RICHARD	
STREET ADDRESS	3050 SPRUCE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Monaghan, Robert	
1.3 STREET ADDRESS	3050 Spruce Street	
1.4 CITY-ST-ZIP	St. Louis MO 63103	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richter, Kirk A.	
3.3 STREET ADDRESS	3050 Spruce Street	
3.4 CITY-ST-ZIP	St. Louis MO 63103	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cori, Carl T.	
5.3 STREET ADDRESS	3050 Spruce Street	
5.4 CITY-ST-ZIP	St. Louis MO 63103	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Kirk A. Richter* **REQUIRED** Kirk A. Richter Date _____ 314-771-5765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)