

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001135

**Entity Name:** SIGMA-ALDRICH, INC.

**Current Principal Place of Business:**

3050 SPRUCE STREET  
ST. LOUIS, MO 63103

**FILED**  
**Feb 14, 2014**  
**Secretary of State**  
**CC2560611204**

**Current Mailing Address:**

3050 SPRUCE STREET  
ST. LOUIS, MO 63103

**FEI Number: 43-1742718**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title           PRES  
Name           WICKS, FRANK  
Address        3050 SPRUCE ST  
City-State-Zip: ST LOUIS MO 63103

Title           DIR  
Name           SACHDEV, RAKESH  
Address        3050 SPRUCE STREET  
City-State-Zip: ST. LOUIS MO 63103

Title           TRES  
Name           BERTSCH, JAN  
Address        3050 SPRUCE STREET  
City-State-Zip: ST. LOUIS MO 63103

Title           SEC  
Name           MILLER, GEORGE  
Address        3050 SPRUCE ST  
City-State-Zip: ST. LOUIS MO 63103

Title           VP  
Name           COTTIER, GILLES  
Address        3050 SPRUCE STREET  
City-State-Zip: ST. LOUIS MO 63103

Title           DIRECTOR  
Name           WICKS, FRANK  
Address        3050 SPRUCE STREET  
City-State-Zip: ST. LOUIS MO 63103

Title           ASSISTANT SECRETARY  
Name           KALKWARF, JEANNINE  
Address        3050 SPRUCE STREET  
City-State-Zip: ST. LOUIS MO 63103

Title           VP  
Name           GREEN, ERIC  
Address        3050 SPRUCE STREET  
City-State-Zip: ST. LOUIS MO 63103

**Continues on page 2**

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JEANNINE KALKWARF**

**ASST SECRETARY**

**02/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name HUMMEL, LARRY  
Address 3050 SPRUCE STREET  
City-State-Zip: ST. LOUIS MO 63103

Title VP  
Name YOUSAF, SHAHED  
Address 3050 SPRUCE STREET  
City-State-Zip: ST. LOUIS MO 63103

Title VP  
Name KELLEY, RODNEY  
Address 3050 SPRUCE STREET  
City-State-Zip: ST. LOUIS MO 63103

Title VP  
Name SLAGLE, DEBORAH  
Address 3050 SPRUCE STREET  
City-State-Zip: ST. LOUIS MO 63103