

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001135

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

**Current Principal Place of Business:**

3050 SPRUCE STREET  
ST. LOUIS, MO 63103

**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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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            VP  
Name            PORWOLL, JOSEPH  
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

**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

**ASSISTANT SECRETARY    02/27/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BORMETT, DAVID  
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

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

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

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