

**2021 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**  
**Jan 11, 2021**  
**Secretary of State**  
**2506648631CC**

**Current Mailing Address:**

400 SUMMIT DRIVE  
TAX DEPT. 5TH FLOOR  
BURLINGTON, MA 01803 US

**FEI Number:** 43-1742718

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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, DIRECTOR  
Name ROSS, CHRISTOS  
Address 400 SUMMIT DRIVE  
City-State-Zip: BURLINGTON MA 01803

Title TRES, DIRECTOR, VP  
Name ELLIOTT, MONICA  
Address 400 SUMMIT DRIVE  
City-State-Zip: BURLINGTON MA 01803

Title SEC, VP  
Name HUTCHINSON, DAVID P  
Address 400 SUMMIT DRIVE  
City-State-Zip: BURLINGTON MA 01803

Title VP  
Name HORN, MARC  
Address 400 SUMMIT DR  
City-State-Zip: BURLINGTON MA 01803

Title VP  
Name BISCHOFF, KLAUS  
Address 400 SUMMIT DRIVE  
City-State-Zip: BURLINGTON MA 01803

Title VP  
Name BULPIN, ANDREW  
Address 400 SUMMIT DRIVE  
City-State-Zip: BURLINGTON MA 01803

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

Title VP  
Name CONNOLLY, RENEE  
Address 400 SUMMIT DRIVE  
City-State-Zip: BURLINGTON MA 01803

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*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:** PAUL O'CONNOR

**ASSISTANT TREASURER** 01/11/2021

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name HUBBARD, JOHN DANA  
Address 400 SUMMIT DRIVE  
City-State-Zip: BURLINGTON MA 01803

Title ASST. SECRETARY  
Name MILEWICH, DANIEL  
Address 400 SUMMIT DR  
City-State-Zip: BURLINGTON MA 01803

Title VP  
Name WIRTH, JEAN-CHARLES  
Address 400 SUMMIT DRIVE  
City-State-Zip: BURLINGTON MA 01803

Title ASST. TREASURER  
Name O'CONNOR, PAUL  
Address 400 SUMMIT DR  
City-State-Zip: BURLINGTON MA 01803

Title VP  
Name STONE, WARREN  
Address 400 SUMMIT DR  
City-State-Zip: BURLINGTON MA 01803

Title VP  
Name ALBERT, YVONNE  
Address 400 SUMMIT DRIVE  
City-State-Zip: BURLINGTON MA 01803