## 2019 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:**

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

## FEI Number: 43-1742718

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US FILED Mar 20, 2019 Secretary of State 2819016524CC

Certificate of Status Desired: No

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

### Officer/Director Detail :

Officer/Director Detail :				
Title	PRES, DIRECTOR	Title	TRES, DIRECTOR, VP	
Name	ROSS, CHRISTOS	Name	ELLIOTT, MONICA	
Address	400 SUMMIT DRIVE	Address	400 SUMMIT DRIVE	
City-State-Zip:	BURLINGTON MA 01803	City-State-Zip:	BURLINGTON MA 01803	
Title	SEC, VP	Title	VP	
Name	HUTCHINSON, DAVID P	Name	DA SILVA, ARLETE	
Address	400 SUMMIT DRIVE	Address	3050 SPRUCE STREET	
City-State-Zip:	BURLINGTON MA 01803	City-State-Zip:	ST. LOUIS MO 63103	
Title	VP	Title	VP	
Title Name	VP HORN, MARC	Title Name	VP BISCHOFF, KLAUS	
Name	HORN, MARC	Name	BISCHOFF, KLAUS	
Name Address	HORN, MARC 400 SUMMIT DR	Name Address	BISCHOFF, KLAUS 400 SUMMIT DRIVE	
Name Address City-State-Zip:	HORN, MARC 400 SUMMIT DR BURLINGTON MA 01803	Name Address City-State-Zip:	BISCHOFF, KLAUS 400 SUMMIT DRIVE BURLINGTON MA 01803	
Name Address City-State-Zip: Title	HORN, MARC 400 SUMMIT DR BURLINGTON MA 01803 VP	Name Address City-State-Zip: Title	BISCHOFF, KLAUS 400 SUMMIT DRIVE BURLINGTON MA 01803 VP	
Name Address City-State-Zip: Title Name	HORN, MARC 400 SUMMIT DR BURLINGTON MA 01803 VP BULPIN, ANDREW	Name Address City-State-Zip: Title Name	BISCHOFF, KLAUS 400 SUMMIT DRIVE BURLINGTON MA 01803 VP TRASATTI, MICHAEL	

## 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: PAUL O'CONNOR

ASSISTANT TREASURER 03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

Date

# **Officer/Director Detail Continued :**

Title	VP	Title	ASST. SECRETARY
Name	CONNOLLY, RENEE	Name	HUBBARD, JOHN DANA
Address	400 SUMMIT DRIVE	Address	400 SUMMIT DRIVE
City-State-Zip:	BURLINGTON MA 01803	City-State-Zip:	BURLINGTON MA 01803
Title	ASST. TREASURER	Title	ASST. SECRETARY
Name	O'CONNOR, PAUL	Name	MILEWICH, DANIEL
Address	400 SUMMIT DR	Address	400 SUMMIT DR
City-State-Zip:	BURLINGTON MA 01803	City-State-Zip:	BURLINGTON MA 01803
Title	VP	Title	VP
Name	STONE, WARREN	Name	WIRTH, JEAN-CHARLES
Address	400 SUMMIT DR	Address	400 SUMMIT DRIVE
City-State-Zip:	BURLINGTON MA 01803	City-State-Zip:	BURLINGTON MA 01803
Title	VP		

Address 400 SUMMIT DRIVE

ALBERT, YVONNE

Name

City-State-Zip: BURLINGTON MA 01803