

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09256

Entity Name: EMD MILLIPORE CORPORATION**Current Principal Place of Business:**400 SUMMIT DRIVE
BURLINGTON, MA 01803**Current Mailing Address:**400 SUMMIT DRIVE
TAX DEPT.5TH FLOOR
BURLINGTON, MA 01803 US**FEI Number:** 04-2170233**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 VP, SECRETARY
Name HUTCHINSON, DAVID
Address 400 SUMMIT DRIVE
City-State-Zip: BURLINGTON MA 01803

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

Title PRESIDENT, DIRECTOR
Name ROSS, CHRISTOS
Address 400 SUMMIT DR.
City-State-Zip: BURLINGTON MA 01803

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

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

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

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

Title VP
Name WIRTH, JEAN CHARLES
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 04/13/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

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

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

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

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

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

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

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