

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25366

Entity Name: BIO-RAD LABORATORIES, INC.**Current Principal Place of Business:**1000 ALFRED NOBEL DRIVE
HERCULES, CA 94547**Current Mailing Address:**1000 ALFRED NOBEL DRIVE
HERCULES, CA 94547 US**FEI Number:** 94-1381833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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 DIRECTOR
Name MCCOMB, JOEL
Address 1000 ALFRED NOBEL DRIVE
City-State-Zip: HERCULES CA 94547

Title DIRECTOR
Name MALCHOINE, ROBERT
Address 1000 ALFRED NOBEL DRIVE
City-State-Zip: HERCULES CA 94547

Title DIRECTOR
Name DRAPEAU, LOUIS
Address 1000 ALFRED NOBEL DRIVE
City-State-Zip: HERCULES CA 94547

Title SECRETARY
Name ERNST, TIMOTHY
Address 1000 ALFRED NOBEL DRIVE
City-State-Zip: HERCULES CA 94547

Title DIRECTOR
Name NEFF, DEBORAH
Address 1000 ALFRED NOBEL DRIVE
City-State-Zip: HERCULES CA 94547

Title TREASURER
Name HUTTON, RONALD
Address 1000 ALFRED NOBEL DRIVE
City-State-Zip: HERCULES CA 94547

Title PRESIDENT, CEO, DIRECTOR
Name SCHWARTZ, NORMAN
Address 1000 ALFRED NOBEL DRIVE
City-State-Zip: HERCULES CA 94547

Title DIRECTOR
Name SCHWARTZ, ALICE
Address 1000 ALFRED NOBEL DRIVE
City-State-Zip: HERCULES CA 94547

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: RONALD HUTTON**TREASURER****04/11/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date