
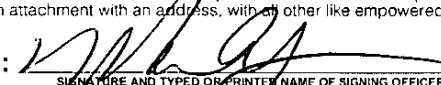


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90191 043 \*\*\*150.00

<b>DOCUMENT # F04000003516</b> 1. Entity Name <b>VWR INTERNATIONAL, INC.</b>					
Principal Place of Business <b>1310 GOSHEN PARKWAY WEST CHESTER, PA 19380</b>			Mailing Address <b>1310 GOSHEN PARKWAY WEST CHESTER, PA 19380</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04192006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>91-1319190</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ZYWOTTEK, WALTER 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WYSZOMIERSKY, JACK 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KUNST, STEPHEN 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COWAN, GREGORY 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, SCOTT G 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PITTS, DOUGLAS J 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JOHN M BALLBACH 1310 GOSHEN PKWY WEST CHESTER, PA 19380	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Martin A boldman 1310 Goshen Pkwy West Chester PA 19380	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered					
SIGNATURE: 		Date: <b>4/20/2006</b>		Daytime Phone #: <b>610-429-5532</b>	