
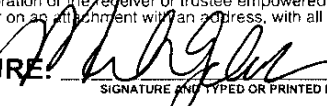


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90819 018 ***150.00

DOCUMENT # F04000003516 1. Entity Name VWR INTERNATIONAL, INC.					
Principal Place of Business 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380			Mailing Address 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 91-1319190	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 BAABACH, JOHN M 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN M BALLBACH
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOLDMAN, MARTIN A 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PITTS, DOUGLAS J 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GEORGE VAN KULA
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 all other like empowered					
SIGNATURE  Martin A. Goldman					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	

40092109



04202007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

FL

6010-429-5532