

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



12/08/16--01014--012 \*\*35.00

7/2 C/19 2016

R. White

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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscqlobal.com

Date: December 6, 2016

Order#: 386309-116

Re: SIGMA-ALDRICH, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	7.0502, 607.1508, or 617.1508, Florida Sta $$ organized under the laws of the State of $$	
		registered agent, or both, in the State of Flo	rida.
1. The name of	the corporation: SIGMA-ALDRICH,	INC.	
2. The principa	l office address: 3050 Spruce Street	, St. Louis, MO 63103	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 03/05/1997	Document number: F97000001	1135
	d street address of the current register furtment of State: (If resigned, enter re	ered agent and registered office on file with esigned)	the
	NRAI Services, Inc.		
	1200 S Pine Island Road		<b>三</b>
	Plantation	FL 33324	
6. The name an (if changed):	<del>-</del>	d agent (if changed) and /or registered office	Through and the second
	Corporation Service Company		
	1201 Hays Street		
	P.O. Bo Tallahassee	x NOT acceptable FL 32301	
	Tallallassoc		
The street addras changed will	ess of its registered office and the s l be identical.	treet address of the business office of its re	egistered agent,
Such change w author(zed by the		opted by its board of directors or by an off on notified in writing of the change.	icer so
Xie	1 & agni	Jill Cilmi, Vice President	
/ [	ure of an officer or director	Printed or typed name and title	
I further agree performance of agent. Or, if th hereby confirm	t mv duties, and I am tamiliar with a	statutes relative to the proper and comple and accept the obligation of my position as preflect a change in the registered office a	s registered
By: Droce to	enature of Registered Agent	December 6, 2016	
Sig	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	, Asst. Vice President		
T	Typed or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*