

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006548

Entity Name: VWR INTERNATIONAL, LLC

Current Principal Place of Business:

100 MATSONFORD RD
BLDG ONE, SUITE 200
RADNOR, PA 19087

Current Mailing Address:

100 MATSONFORD RD
BLDG ONE, SUITE 200
RADNOR, PA 19087

FEI Number: 91-1319190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MGR
Name BROCKE-BENZ, MANUEL
Address 100 MATSONFORD RD
City-State-Zip: RADNOR PA 19087

Title MGR
Name ALEXOS, NICHOLAS W
Address 100 MATSONFORD RD
City-State-Zip: RADNOR PA 19087

Title MGR
Name BARCHI, ROBERT L
Address 100 MATSONFORD RD
City-State-Zip: RADNOR PA 19087

Title MGR
Name BLECHSCHMIDT, EDWARD A
Address 100 MATSONFORD RD
City-State-Zip: RADNOR PA 19087

Title MGR
Name DEAN, THOMPSON
Address 100 MATSONFORD RD
City-State-Zip: RADNOR PA 19087

Title MGR
Name DECRESCE, ROBERT P
Address 100 MATSONFORD RD
City-State-Zip: RADNOR PA 19087

Title MGR
Name JANSEN KRAEMER, HARRY M
Address 100 MATSONFORD RD
BLDG ONE, SUITE 200
City-State-Zip: RADNOR PA 19087

Title MANAGER
Name DEL SALTON, CARLOS
Address 100 MATSONFORD RD
BLDG ONE, SUITE 200
City-State-Zip: RADNOR PA 19087

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL BROCKE-BENZ

MANAGER

04/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name FORBES LIEBERMAN, PAMELA
Address 100 MATSONFORD RD
 BLDG ONE, SUITE 200
City-State-Zip: RADNOR PA 19087

Title MANAGER
Name SULLIVAN, TIMOTHY P
Address 100 MATSONFORD RD
 BLDG ONE, SUITE 200
City-State-Zip: RADNOR PA 19087

Title MANAGER
Name ZOLLARS, ROBERT J
Address 100 MATSONFORD RD
 BLDG ONE, SUITE 200
City-State-Zip: RADNOR PA 19087