No. <b>C 118361</b>		Due no later than Feb 29, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SIGMA-ALDRICH, INC. COLLEEN GOODHART 3050 SPRUCE ST ST LOUIS MO 63103		2. Registered A	2. Registered Agent and Address (NO PO BOX)  NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE  700 WEST JEFFERSON  PO BOX 83720  BOISE, ID 83720-0080  NO FILING FEE IF  RECEIVED BY DUE DATE				921 S ORCH BOISE ID 8				
		 ess Addresses of F	resident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	UDIT BATRA		3050 SPRUCE ST.	ST. LOUIS	MO	USA	63103	
SECRETARY DAVID P HU		TCHINSON	3050 SPRUCE ST.	ST. LOUIS	MO	USA	63103	
DIRECTOR	CTOR UDIT BATRA		3050 SPRUCE ST.	ST. LOUIS	MO	USA	63103	
TREASURER	MONICA ELLIOTT		3050 SPRUCE ST.	ST. LOUIS	MO	USA	63103	
DIRECTOR	DAVID P HUTCHINSON		3050 SPRUCE ST.	ST. LOUIS	MO	USA	63103	
DIRECTOR	MONICA ELL	IOTT	3050 SPRUCE ST.	ST. LOUIS	МО	USA	63103	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WI		Signature: Jeannine Kalkwarf			Date: 01/12/2016			
C 118361		Name (type or		Title: Asst Treasurer				
Processed 01/12/2016 * Electronically provided signatures are accepted as original signatures.								