

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215508775

1.) CORPORATION NAME:

BOEHRINGER INGELHEIM CHEMICALS, INC.

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0328973**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2820 NORTH NORMANDY DRIVE
PO BOX 1658

CITY/ST/ZIP: PETERSBURG, VA 23805

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	EVERETT HOEKSTRA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR.VP, CFO,TREA		
ADDRESS:	BI USA CORPORATION		
CITY/ST/ZIP/CO:	900 RIDGEBURY ROAD RIDGEFIELD, CT 06877		

NAME:	DR. PERE PATON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & SITE HEAD		
ADDRESS:	BOEHRINGER INGELHEIM CHEMICALS, INC.		
CITY/ST/ZIP/CO:	2820 NORTH NORMANDY DRIVER PETERSBURG, VA 23805		

NAME:	ANDREA KOCHENSPIGGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	BI CHEMICALS, INC.		
CITY/ST/ZIP/CO:	2820 NORTH NORMANDY DRIVE PETERSBURG, VA 23905		

NAME:	DESIREE RALLS-MORRISON, ESQ.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	BI USA CORPORATION		
CITY/ST/ZIP/CO:	900 RIDGEBURY ROAD RIDGEFIELD, CT 06877		

NAME:	PAUL FONTEYNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	900 RIDGEBURY ROAD		
CITY/ST/ZIP/CO:	RIDGEFIELD, CT 06804		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. ULRICH GLAS DIRECTOR BOEHRINGER INGELHEIM KG INGELHEIM AM RHEIN,D-552,GERMANY , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVERETT HOEKSTRA DIRECTOR 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ EVERETT HOEKSTRA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EVERETT HOEKSTRA, SR.VP, CFO,TREA PRINTED NAME AND CORPORATE TITLE	3/6/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			