

1.) CORPORATION NAME:

BIO-RAD LABORATORIES, INC.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1015371**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	80,000,000
COMB	20,000,000
PREFER	7,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 ALFRED NOBEL DR

CITY/ST/ZIP: HERCULES, CA 94547

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.

<p>NAME: JOHN P GOETZ TITLE: VICE PRESIDENT ADDRESS: 1000 ALFRED NOBEL DR CITY/ST/ZIP/CO: HERCULES, CA 94547</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SANFORD WADLER TITLE: VP/GC/S ADDRESS: 1000 ALFRED NOBEL DR CITY/ST/ZIP/CO: HERCULES, CA 94547</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RONALD W HUTTON TITLE: TREASURER ADDRESS: 1000 ALFRED NOBEL DR CITY/ST/ZIP/CO: HERCULES, CA 94547</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: NORMAN SCHWARTZ TITLE: PRESIDENT ADDRESS: 1000 ALFRED NOBEL DR CITY/ST/ZIP/CO: HERCULES, CA 94547</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LOUIS DRAPEAU TITLE: DIRECTOR ADDRESS: 1000 ALFRED NOBEL DR CITY/ST/ZIP/CO: HERCULES, CA 94547</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALBERT J HILLMAN TITLE: DIRECTOR ADDRESS: 1000 ALFRED NOBEL DR CITY/ST/ZIP/CO: HERCULES, CA 94547</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALICE N SCHWARTZ DIRECTOR 1000 ALFRED NOBEL DR HERCULES, CA 94547	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TED W LOVE, M.D. DIRECTOR 1000 ALFRED NOBEL DR HERCULES, CA 94547	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH J NEFF DIRECTOR 1000 ALFRED NOBEL DR HERCULES, CA 94547	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADFORD J CRUTCHFIELD VICE PRESIDENT 1000 ALFRED NOBEL DRIVE HERCULES, CA 94547	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GIOVANNI MAGNI VICE PRESIDENT 1000 ALFRED NOBEL DR HERCULES, CA 94547	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE A TSINGOS VP & CFO 1000 ALFRED NOBEL DR HERCULES, CA 94547	<input checked="" type="checkbox"/> OFFICER	<input 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/ SANFORD WADLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SANFORD WADLER, VP/GC/S PRINTED NAME AND CORPORATE TITLE	9/25/2012 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.			