

1.) CORPORATION NAME:

Thermo Fisher Scientific Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **F1545989**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CAPITOL CORPORATE SERVICES, INC.

10 S JEFFERSON ST STE 1400

ROANOKE, VA 24011

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,200,000,000
PREFER	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 81 WYMAN STREET

CITY/ST/ZIP: WALTHAM, MA 02454-

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: MARC N CASPER
TITLE: P/CEO
ADDRESS: 81 WYMAN ST
CITY/ST/ZIP/CO: WALTHAM, MA 02454-

OFFICER

DIRECTOR

NAME: SETH H HOOGASIAN
TITLE: VP/SEC
ADDRESS: 81 WYMAN ST
CITY/ST/ZIP/CO: WALTHAM, MA 02454-

OFFICER

DIRECTOR

NAME: NELSON J CHAI
TITLE: DIRECTOR
ADDRESS: 81 WYMAN ST
CITY/ST/ZIP/CO: WALTHAM, MA 02454-

OFFICER

DIRECTOR

NAME: TYLER JACKS
TITLE: DIRECTOR
ADDRESS: 81 WYMAN ST
CITY/ST/ZIP/CO: WALTHAM, MA 02454-

OFFICER

DIRECTOR

NAME: JUDY C LEWENT
TITLE: DIRECTOR
ADDRESS: 81 WYMAN ST
CITY/ST/ZIP/CO: WALTHAM, MA 02454-

OFFICER

DIRECTOR

NAME: THOMAS J LYNCH TITLE: DIRECTOR ADDRESS: 81 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETER J MANNING TITLE: DIRECTOR ADDRESS: 81 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JIM P MANZI TITLE: DIRECTOR ADDRESS: 81 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM G PARRETT TITLE: DIRECTOR ADDRESS: 81 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL E PORTER TITLE: DIRECTOR ADDRESS: 81 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT M SPERLING TITLE: DIRECTOR ADDRESS: 81 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELAINE S ULLIAN TITLE: DIRECTOR ADDRESS: 81 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY H SMITH TITLE: TREASURER ADDRESS: 81 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02454-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL K MICHAUD TITLE: ASST SECRETARY ADDRESS: 81 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02454-	<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/ MICHAEL K MICHAUD _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL K MICHAUD, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
3/9/2011 _____ 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.	