

1.) CORPORATION NAME:

Thermo Fisher Scientific Inc.

DUE DATE: **4/30/2012**

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: ANTHONY H SMITH
TITLE: TREASURER
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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDY C LEWENT DIRECTOR 81 WYMAN ST WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J LYNCH DIRECTOR 81 WYMAN ST WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER J MANNING DIRECTOR 81 WYMAN ST WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM P MANZI DIRECTOR 81 WYMAN ST WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM G PARRETT DIRECTOR 81 WYMAN ST WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL E PORTER DIRECTOR 81 WYMAN ST WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT M SPERLING DIRECTOR 81 WYMAN ST WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELAINE S ULLIAN DIRECTOR 81 WYMAN ST WALTHAM, MA 02454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E BRUNI ASST SECRETARY 300 INDUSTRY DRIVE PITTSBURGH, PA 15275-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARS R SORENSEN DIRECTOR 81 WYMAN STREET WALTHAM, MA 02454-	<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.

<u>/s/ JAMES E BRUNI</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JAMES E BRUNI, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/29/2012</u> DATE
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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.