

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213561448

1.) CORPORATION NAME:

Thermo Fisher Scientific Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAPITOL CORPORATE SERVICES, INC.
10 S JEFFERSON ST STE 1400
ROANOKE, VA 24011**

SCC ID NO: **F1545989**

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.

| | | | |
|-----------------|-------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | MARC N CASPER | | |
| TITLE: | P/CEO | | |
| ADDRESS: | 81 WYMAN ST | | |
| CITY/ST/ZIP/CO: | WALTHAM, MA 02454 | | |

| | | | |
|-----------------|-------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | SETH H HOOGASIAN | | |
| TITLE: | VP/SEC | | |
| ADDRESS: | 81 WYMAN ST | | |
| CITY/ST/ZIP/CO: | WALTHAM, MA 02454 | | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | JAMES E BRUNI | | |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 300 INDUSTRY DRIVE | | |
| CITY/ST/ZIP/CO: | PITTSBURGH, PA 15275 | | |

| | | | |
|-----------------|-------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | ANTHONY H SMITH | | |
| TITLE: | TREASURER | | |
| ADDRESS: | 81 WYMAN ST | | |
| CITY/ST/ZIP/CO: | WALTHAM, MA 02454 | | |

| | | | |
|-----------------|-------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | NELSON J CHAI | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 81 WYMAN ST | | |
| CITY/ST/ZIP/CO: | WALTHAM, MA 02454 | | |

| | | | |
|-----------------|-------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | TYLER JACKS | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 81 WYMAN ST | | |
| CITY/ST/ZIP/CO: | WALTHAM, MA 02454 | | |

| | |
|--|---|
| NAME: JUDY C LEWENT TITLE: DIRECTOR ADDRESS: 81 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02454 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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: 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: LARS R SORENSEN TITLE: DIRECTOR ADDRESS: 81 WYMAN STREET 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: C. MARTIN HARRIS TITLE: DIRECTOR ADDRESS: 81 WYMAN STREET CITY/ST/ZIP/CO: 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. | |
| /s/ JAMES E BRUNI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | JAMES E BRUNI, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE |
| 3/15/2013 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. | |