

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215505259

1.) CORPORATION NAME:

**Thermo Fisher Scientific Inc.**

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	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:	JAMES E BRUNI				
TITLE:	ASST SECRETARY				
ADDRESS:	300 INDUSTRY DRIVE				
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15275				

		<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:	C. MARTIN HARRIS				
TITLE:	DIRECTOR				
ADDRESS:	81 WYMAN STREET				
CITY/ST/ZIP/CO:	WALTHAM, MA 02454				

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

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>2/9/2015</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.