

1.) CORPORATION NAME:

**Sartorius Stedim North America Inc.**

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1703026**

**RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 3,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5 ORVILLE DRIVE  
Suite 200

CITY/ST/ZIP: BOHEMIA, NY 11716

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:           | MARY LAVIN        | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT         |   |                                   |
| ADDRESS:        | 5 ORVILLE DRIVE   |   |                                   |
| CITY/ST/ZIP/CO: | BOHEMIA, NY 11716 |   |                                   |

|                 |                                |   |                                   |
|-----------------|--------------------------------|---|-----------------------------------|
| NAME:           | ERIC KALTENHAUESER             | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT                 |   |                                   |
| ADDRESS:        | 5 ORVILLE DRIVE                |   |                                   |
| CITY/ST/ZIP/CO: | SUITE 200<br>BOHEMIA, NY 11716 |   |                                   |

|                 |                   |   |                                   |
|-----------------|-------------------|---|-----------------------------------|
| NAME:           | RAINER LEHMANN    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER         |   |                                   |
| ADDRESS:        | 5 ORVILLE DRIVE   |   |                                   |
| CITY/ST/ZIP/CO: | BOHEMIA, NY 11716 |   |                                   |

|                 |                                |   |                                   |
|-----------------|--------------------------------|---|-----------------------------------|
| NAME:           | ALDA DARRAGH                   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                      |   |                                   |
| ADDRESS:        | 5 ORVILLE DRIVE                |   |                                   |
| CITY/ST/ZIP/CO: | SUITE 200<br>BOHEMIA, NY 11716 |   |                                   |

|                 |                            |                                  |  |
|-----------------|----------------------------|----------------------------------|--|
| NAME:           | DR. JOACHIM KREUZBURG      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                   |                                  |  |
| ADDRESS:        | WEENDER LANDSTRASSE 94-108 |                                  |  |
| CITY/ST/ZIP/CO: | , , FN                     |                                  |  |

|  |   |                                  |  |
|--|---|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | VOLKER NIEBEL<br>DIRECTOR<br>WEENDER LANDSTRASSE 94-108 37075<br>, , FN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|----------------------------------|--|

|  |   |                                  |  |
|--|---|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | REINHARD VOGT<br>DIRECTOR<br>WEENDER LANDSTRASSE 94-108<br>, , FN | <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/ ALDA DARRAGH                                    | ALDA DARRAGH, SECRETARY          | 2/19/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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.