

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25366

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: BIO-RAD LABORATORIES, INC.

**Current Principal Place of Business:**

1000 ALFRED NOBEL DRIVE  
HERCULES, CA 94547

**New Principal Place of Business:**

**Current Mailing Address:**

1000 ALFRED NOBEL DRIVE  
HERCULES, CA 94547

**New Mailing Address:**

FEI Number: 94-1381833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCHWARTZ, DAVID  
Address: 1000 ALFRED NOBEL DRIVE  
City-St-Zip: HERCULES, CA

Title: D ( ) Delete  
Name: BENNETT, JAMES  
Address: 1000 ALFRED NOBEL DRIVE  
City-St-Zip: HERCULES, CA

Title: D ( ) Delete  
Name: HILLMAN, ALBERT  
Address: 1000 ALFRED NOBEL DRIVE  
City-St-Zip: HERCULES, CA

Title: VGCS ( ) Delete  
Name: WADLER, SANFORD  
Address: 1000 ALFRED NOBEL DRIVE  
City-St-Zip: HERCULES, CA

Title: D ( ) Delete  
Name: SCHWARTZ, ALICE  
Address: 1000 ALFRED NOBEL DRIVE  
City-St-Zip: HERCULES, CA 94547

Title: PD ( ) Delete  
Name: SCHWARTZ, NORMAN  
Address: 1000 ALFRED NOBEL DRIVE  
City-St-Zip: HERCULES, CA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANFORD S. WADLER

VGCS

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date