

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P25366

**Entity Name:** BIO-RAD LABORATORIES, INC.

**Current Principal Place of Business:**

1000 ALFRED NOBEL DRIVE  
HERCULES, CA 94547

**Current Mailing Address:**

1000 ALFRED NOBEL DRIVE  
HERCULES, CA 94547

**FEI Number: 94-1381833**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           NEFF, DEBORAH J  
Address        1000 ALFRED NOBEL DRIVE  
City-State-Zip: HERCULES CA 94547

Title           DIRECTOR  
Name           MALCHIONE, ROBERT M  
Address        1000 ALFRED NOBEL DRIVE  
City-State-Zip: HERCULES CA 94547

Title           DIRECTOR  
Name           HILLMAN, ALBERT J  
Address        1000 ALFRED NOBEL DRIVE  
City-State-Zip: HERCULES CA 94547

Title           VP, GENERAL COUNSEL,  
Name           SODERBERG, SHAWN M  
Address        1000 ALFRED NOBEL DRIVE  
City-State-Zip: HERCULES CA 94547

Title           DIRECTOR  
Name           SCHWARTZ, ALICE  
Address        1000 ALFRED NOBEL DRIVE  
City-State-Zip: HERCULES CA 94547

Title           PRESIDENT, DIRECTOR  
Name           SCHWARTZ, NORMAN  
Address        1000 ALFRED NOBEL DRIVE  
City-State-Zip: HERCULES CA 94547

Title           ASST. SECRETARY  
Name           FONG, ANTHONY  
Address        1000 ALFRED NOBEL DRIVE  
City-State-Zip: HERCULES CA 94547

*I hereby 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 all other like empowered.*

**SIGNATURE: ANTHONY FONG**

**ASST. SECRETARY**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date