

COPY

Form Approved: OMB No. 0910-0045, Expiration Date: July 31, 2004.

See OMB Statement on Reverse.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)	FDA USE ONLY	FDA USE ONLY REGISTERED FDA 2004 JAN 12 PM 2:18

NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).

LABELER CODE 000441	REGISTRATION NUMBER 1937990
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SECTION A - SITE INFORMATION

REPORTING FIRM NAME Sigma-Aldrich Co.		STATE OF INC. IL
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SITE ADDRESS (No P.O. Box) 3300 South Second Street		SITE TELEPHONE NUMBER (314) 286-6600, ext. 2845
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CITY St. Louis	STATE MO	ZIP CODE 63118	COUNTRY USA	BUSINESS CATEGORY: <input type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY
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SITE MAILING ADDRESS (If different from site address)

CITY	STATE	ZIP CODE	COUNTRY	SITE INTERNET/EMAIL ADDRESS bball1@sial.com
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DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)

PARENT COMPANY NAME
Sigma-Aldrich Corporation

REASON(s) FOR SUBMISSION	TYPE OF OWNERSHIP	PERSON SUBMITTING DATA AND TELEPHONE Bryan Ball/(314) 286-6600, ext. 2845
<input type="checkbox"/> Firm Registration <input type="checkbox"/> Registration of Additional site <input type="checkbox"/> Re-Registration <input type="checkbox"/> LC Assignment <input checked="" type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Reentry into business With Same Name <input type="checkbox"/> Out of Business ANNUAL	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	BUSINESS TYPE <input type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Relabeler <input type="checkbox"/> Distributor <input type="checkbox"/> Foreign Country <input type="checkbox"/> Analytical Lab <input type="checkbox"/> Other _____

SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence

NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code Attention: Bryan Ball, Director Quality Assurance, U.S. 3300 South Second Street	TELEPHONE NUMBER (314) 286-6600, ext. 2845
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CITY St. Louis	STATE MO	ZIP CODE 63118	COUNTRY USA	COMPLIANCE INTERNET/EMAIL ADDRESS bball1@sial.com
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SECTION C - ADDITIONAL FIRM AND SITE INFORMATION

NAME OF OWNER, PARTNERS OR OFFICERS	TITLE	POSITION
Larry Hummel	Mr.	President
Jerome I. Kaskowitz	Mr.	Secretary
Kirk Richter	Mr.	Treasurer
Joe Porwoll	Mr.	Vice-President
Paul Casarez	Mr.	Vice-President
Ron Teltor	Mr.	Vice-President

OTHER FIRMS DOING BUSINESS AT THIS SITE

LABELER CODE	FIRM NAME	LABELER CODE	FIRM NAME

SECTION D - SIGNATURE

SIGNATURE OF AUTHORIZING OFFICIAL 	TITLE Director Quality Assurance, U.S.	DATE 12/31/03
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* **DISTRIBUTOR'S CERTIFICATION:** As a distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below

RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION INFORMATION MANAGEMENT TEAM, HFD-095 5600 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRUGLISTING@CDER.FDA.GOV	SIGNATURE OF DISTRIBUTOR DISTRIBUTOR'S TELEPHONE NUMBER ()	RECEIVED JAN 05 2004
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