

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)
 DEPARTMENT OF ADMINISTRATION
 Approved by State Board of Accounts, 2006

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

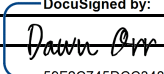
1	Legal Name of firm:	VWR International, LLC
2	Address/City/State/Zip Code:	100 Matsonford Rd, Radnor, PA 19087
3	Telephone #/Fax #/Website:	(800) 932-5000 (484) 881-6575 www.vwr.com
4	Federal Tax Identification Number:	91-1319190
5	State/Country of domicile/incorporation:	Deleware
6	Location of firm's headquarters or principal place of business:	Radnor, PA
7	Name of parent company or holding company (if applicable):	Avantor, Inc.
8	State/Country of domicile/incorporation of company listed in #7:	Same
9	Address of company listed in #7:	Same
10	IN Department of Workforce Development (DWD) account number:	On File
11	IN Department of Revenue (DOR) account number:	On File
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	On File
13	Total number of employees per most recently completed IRS Form W-2 distribution:	On File
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	On File
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	On File
16	Total amount of this proposal, bid, or current contract:	\$4,484,966.00

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	<u>Prime Contractor Company Name:</u>	VWR International, LLC
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18	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00
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19	Subcontractor Company Name:				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
21	Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract:	0.00	0.00	0.00	0.00

22	Affirmation by authorized official: I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief:				
Signature:		DocuSigned by: 			
Name of auththorized official:		Dawn Orr			
Title:		Director, Region Sales			
Date:					