

ACCOUNT NO.

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: June 25, 1999

ORDER TIME : 11:12 AM

ORDER NO. : 288534-070

CUSTOMER NO: 5049837

CUSTOMER: Mr. Paul M. Da Costa

Novartis Consumer Health Inc.

560 Morris Avenue

Building F

Summit, NJ 07901-1312

600002918476

CHANGE OF AGENT

NAME: GERBER PRODUCTS COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Michigan
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is:
GERBER PRODUCTS COMPANY
2. The mailing address of the corporation is: 445 STATE STREET
FREMONT, MI 49413-0001
2 Para Silvano distributa de la constanta de l
3. Date of incorporation/qualification: November 24, 1945 Document number: 806015
4. The name and address of the current registered agent and office:
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
The same second
Chais hopke 9. FitePatrick, Vice President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Corporation Service Company By: Tabatha Floulli ASS+VP Lol 28 (99 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Tabatha Fiorelli Asst VP
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *