2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000164

Entity Name: BAYER HEALTHCARE PHARMACELITICALS INC.

FILED Apr 24, 2012 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
6 WEST B WAYNE, N	ELT ROAD IJ 07470			
Current Mailing Address:			New Mailing Address:	
6 WEST B WAYNE, N	ELT ROAD IJ 07470			
FEI Number:	22-2273583	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230			
The above in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATUF	RE:			
	Electron	c Signature of Registered Age	ent	Date
OFFICERS	S AND DIREC	rors:		
Title: Name: Address: City-St-Zip:	P TRUDEAU, MAR 6 WEST BELT F WAYNE, NJ. 07	ROAD		

Title: VΡ

WRIGHT, PAUL F Name: Address: 100 BAYER ROAD PITTSBURGH, PA 15205 City-St-Zip:

Title:

Name: MCDONALD, MICHAEL J Address: 6 WEST BELT RD City-St-Zip: WAYNE, NJ 07470

Title:

SPAGNOL, TRACY E Name: Address: 100 BAYER ROAD PITTSBURGH, PA 15205 City-St-Zip:

Title:

SCHERF, WILLY Name: Address: 100 BAYER ROAD PITTSBURGH, PA 15205 City-St-Zip:

Title:

BABE, GREGORY S Name: 100 BAYER ROAD Address: PITTSBURGH, PA 15205 City-St-Zip:

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.

04/24/2012 SIGNATURE: PAUL F. WRIGHT VΡ