

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000217

Entity Name: BAYER HEALTHCARE LLC**Current Principal Place of Business:**100 BAYER BOULEVARD
WHIPPANY, NJ 07981**Current Mailing Address:**100 BAYER BOULEVARD
WHIPPANY, NJ 07981 US**FEI Number:** 06-1653795**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MANAGER, AUTHORIZED
REPRESENTATIVE
Name HELLER, RICHARD K.
Address 100 BAYER ROAD
City-State-Zip: PITTSBURG PA 15205

Title MANAGER
Name BRANCA, BRIAN L
Address 800 NORTH LINDBERGH BLVD
City-State-Zip: ST LOUIS MO 63141

Title MANAGER
Name ABRAMS, KEITH R
Address 100 BAYER ROAD
City-State-Zip: PITTSBURGH PA 15205

Title MANAGER
Name MCFARLAND, JEFFREY
Address 100 BAYER BOULEVARD
City-State-Zip: WHIPPANY NJ 07981

Title MANAGER
Name STEVENSON, ALAN
Address 800 DWIGHT WAY
City-State-Zip: BERKELEY CA 94710

Title MANAGER
Name MEHTA, ASEEM
Address 100 BAYER BLVD
City-State-Zip: WHIPPANY NJ 07981

Title MANAGER
Name DODERO, WILLIAM
Address 36 COLUMBIA ROAD
P.O. BOX 1910
City-State-Zip: MORRISTOWN NJ 07962

Title MANAGER
Name DUNST, KATHLEEN
Address 100 BAYER BOULEVARD
City-State-Zip: WHIPPANY NJ 07981

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD K. HELLER**VICE PRESIDENT TAX****04/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name LOCKWOOD-TAYLOR, PATRICK
Address 100 BAYER BOULEVARD
City-State-Zip: WHIPPANY NJ 07981

Title MANAGER
Name JESSEN, JEREMY
Address 100 BAYER BOULEVARD
City-State-Zip: WHIPPANY NJ 07981

Title MANAGER
Name GUDE, CRISTINA
Address 100 BAYER BOULEVARD
City-State-Zip: WHIPPANY NJ 07981

Title MANAGER
Name MARTIN, CHRISTOPHER A.
Address 100 BAYER BOULEVARD
City-State-Zip: WHIPPANY NJ 07981