

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001679

Entity Name: JANSSEN PHARMACEUTICALS, INC.**Current Principal Place of Business:**1125 TRENTON-HARBOURTON RD
TITUSVILLE, NJ 08560**Current Mailing Address:**1125 TRENTON-HARBOURTON RD
TITUSVILLE, NJ 08560 US**FEI Number:** 23-2085699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	SCHMIDT, CALVIN W
Address	1125 TRENTON-HARBOURTON RD
City-State-Zip:	TITUSVILLE NJ 08560

Title	SECRETARY
Name	LUKENS, PATRICIA C
Address	1125 TRENTON-HARBOURTON RD
City-State-Zip:	TITUSVILLE NJ 08560

Title	TREASURER, DIRECTOR
Name	PEASE, FLAVIA H
Address	1125 TRENTON-HARBOURTON RD
City-State-Zip:	TITUSVILLE NJ 08560

Title	DIRECTOR
Name	LUKENS, PATRICIA C
Address	1125 TRENTON-HARBOURTON RD
City-State-Zip:	TITUSVILLE NJ 08560

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.

SIGNATURE: PATRICIA C LUKENS**SECRETARY****04/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date