

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002371

**Entity Name:** NBTY, INC.**Current Principal Place of Business:**2100 SMITHTOWN AVENUE  
RONKONKOMA, NY 11779**Current Mailing Address:**2100 SMITHTOWN AVENUE  
RONKONKOMA, NY 11779**FEI Number:** 11-2228617**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

**Officer/Director Detail :**

Title CEO  
Name CAHILLANE, STEVEN  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title SVP  
Name CHRISTOPHER, BRENNAN  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title VC  
Name KAMIL, HARVEY  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title VP  
Name FLAHERTY, JAMES  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title CFO  
Name GOLECHHA, DIPAK  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title CHIEF ACCOUNTING OFFICER  
Name LOONEY, JOSEPH  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title VP  
Name O'KEEFE, BERNARD  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title VP  
Name PACKER, KARLA  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

**Continues on page 2**

*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: CHRISTOPHER BRENNAN****SVP****01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	PRESIDENT
Name	WYNNE, BRIAN
Address	2100 SMITHTOWN AVENUE
City-State-Zip:	RONKONKOMA NY 11779