

2014 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 JEFFREY, NAGEL
Address 2100 SMITHTOWN AVENUE
City-State-Zip: RONKONKOMA NY 11779

Title CFO
Name MICHAEL, COLLINS
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 CHIEF ACCOUNTING OFFICER
Name LOONEY, JOSEPH
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 O'KEEFE, BERNARD
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 VP
Name PACKER, KARLA
Address 2100 SMITHTOWN AVENUE
City-State-Zip: RONKONKOMA NY 11779

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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 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****04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title CHIEF MARKETING OFFICER
Name FACCHETTI, KATIA
Address 2100 SMITHTOWN AVENUE
City-State-Zip: RONKONKOMA NY 11779