

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000277

Entity Name: JANSSEN BIOTECH, INC.**Current Principal Place of Business:**800/850 RIDGEVIEW DRIVE
HORSHAM, PA 19044**Current Mailing Address:**800/850 RIDGEVIEW DRIVE
HORSHAM, PA 19044 US**FEI Number:** 23-2117202**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 DIRECTOR, PRESIDENT
Name OWEN, CATHERINE E
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

Title SECRETARY
Name SICARI, CATHERINE
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

Title TREASURER
Name PEASE, FLAVIA H
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

Title DIRECTOR, VP
Name CAVANAUGH, THOMAS
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

Title DIRECTOR, VP
Name CLAYTON, AUSTIN
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

Title VP
Name AMELSBURG, ANDREE
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

Title VP
Name FERNANDEZ, ANTHONY M
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

Title VP
Name GREENSPAN, ANDREW J
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

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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: CATHERINE SICARI**SECRETARY****03/21/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name HECKMAN, MARTI A
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

Title VP
Name LONG, CANDICE M
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

Title VP
Name KEMPS-POLANCO, RESHEMA R
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044

Title VP
Name DOW, KENNETH J
Address 800/850 RIDGEVIEW DRIVE
City-State-Zip: HORSHAM PA 19044