FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **820138** **(6)**

1. Corporation Name
CIBA- GEIGY CORPORATION

Principal Place of Business	Mailing Address
444 SAW MILL RIVER ROAD ARDSLEY NY 10502	444 SAW MILL RIVER ROAD ARDSLEY NY 10502

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/29/1966**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **13-1834433** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when executing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BARTH, R.	12 NAME		
STREET ADDRESS	662 GUARD HILL ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD NY	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	WATSON, D.G.	22 NAME		
STREET ADDRESS	52 LIBERTY CORNER ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	FAR HILLS NJ	24 CITY-ST-ZIP		
TITLE	TV	31 TITLE		☒ Change ☐ Addition
NAME	~~STEWART, C.R.~~	32 NAME	Hosp, W.D.	
STREET ADDRESS	~~125 WORRODSPARK ROAD~~	33 STREET ADDRESS	1 Maple Moor Lane	
CITY-ST-ZIP	~~ARMONK NY~~	34 CITY-ST-ZIP	Cortlandt Manor, NY 10566	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	BONTEMPO, E.J.	42 NAME		
STREET ADDRESS	1007 BEARHOLLOW	43 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	GARFIELD, A.	52 NAME		
STREET ADDRESS	1557 PINE BROOK ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	YORKTOWN HEIGHTS, NY.	54 CITY-ST-ZIP		
TITLE	DV	61 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, J. T.	62 NAME		
STREET ADDRESS	49 BITTERSWEET TRAIL	63 STREET ADDRESS		
CITY-ST-ZIP	WILTON CT	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Arthur Garfield, Assistant Secretary 4/11/95 914-479-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0475847 FP