

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 823177

(1)

NC-2-3

1. Corporation Name

~~SANDOZ PHARMACEUTICALS CORPORATION~~
Novartis Pharmaceuticals Corporation

Principal Place of Business

59 ROUTE 10
EAST HANOVER NJ 07936

Mailing Address

59 ROUTE 10
EAST HANOVER NJ 07936-1005

3. Date Incorporated or Qualified

08/28/1969

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number

22-1857084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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
officer 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

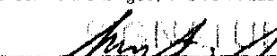
TITLE	P	☒ DELETE
NAME	MARK PULIDO	
STREET ADDRESS	59 RT. 10	
CITY-ST-ZIP	EAST HANOVER NS	
TITLE	VLS	☒ DELETE
NAME	BRENNAN, HERBERT J.	
STREET ADDRESS	59 RT 10	
CITY-ST-ZIP	EAST HANOVER NJ	
TITLE	CFO	☐ DELETE
NAME	NAEGELIN, URS	
STREET ADDRESS	59 ROUTE 10	
CITY-ST-ZIP	EAST HANOVER NJ	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO + President	☒ Change ☐ Addition
1.2 NAME	Wayne Yetter	
1.3 STREET ADDRESS	59 Rt. 10	
1.4 CITY-ST-ZIP	East Hanover NJ 07936	
2.1 TITLE	Secretary	☒ Change ☐ Addition
2.2 NAME	Robert Thompson	
2.3 STREET ADDRESS	59 Rt 10	
2.4 CITY-ST-ZIP	East Hanover NJ 07936	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

 REQUIRED

Urs Naegelin, CFO

4/10/97

Date

(201) 503 8494

Daytime Phone

0003682

CR2E034 (9/96)