2000 UNIFORM BUSINESS REPORT (UBR)

Jun 07, 2000 8:00 am Secretary of State **DOCUMENT # 823177** 1. Entity Name NOVARTIS PHARMACEUTICALS CORPORATION 06-07-2000 90430 042 ***150.00 Mailing Address Principal Place of Business ATTN: TAX DEPT **59 ROUTE 10** EAST, HANOVER NJ 07936-1080 59 RT 10 EAST HANOVER NJ 07936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 22-1857084 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - Name . CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CEO + President CEOP ☐ Addition TITLE TITLE X Delete Costa, Paulo 59 et 10 NAME YETTER, WAYNE NAME STREET ADDRESS STREET ADDRESS **59 ROUTE 10** East Hanover, NJ 07936 CITY-ST-ZIP CITY-ST-ZIP EAST HANOVER NJ 07936 ☐ Addition Change ☐ Delete TITLE TITLE THOMPSON, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS **59 ROUTE 10** CITY-ST-ZIP CITY-ST-ZIP EAST HANOVER NJ 07936 Change - _ Addition-TITLE ☐ Delete TITLE NAME NAEGELIN, URS NAME STREET ADDRESS STREET ADDRESS **59 ROUTE 10** CITY-ST-ZIP CITY-ST-ZIP EAST HANOVER NJ . ☐ Addition ☐ Delete TITLE Change NAME SCHUSTER, KENNETH MAME STREET ADDRESS STREET ADDRESS 59 RT 10 CITY-ST-7IP CITY-ST-ZIP E HANNOVER NJ 07936 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS

, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

13. I 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 report or supplemental 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 trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered. Kenneth Schuster 4

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