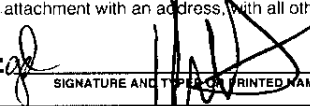


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90004 003 ***150.00

DOCUMENT # 823177 1. Entity Name NOVARTIS PHARMACEUTICALS CORPORATION					
Principal Place of Business 59 ROUTE 10 EAST HANOVER, NJ 07936-1080			Mailing Address ATTN: TAX DEPT 59 RT 10 EAST HANOVER, NJ 07936		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 22-1857084	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ 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 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ROSENTHAL, GARY 59 ROUTE 10 EAST HANOVER, NJ 07936		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BYBEL, CATHY 59 ROUTE 10 EAST HANOVER, NJ 07936		☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CASTA, PAULO 59 RTE 10 EAST HANOVER, NJ 07936		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Martin Henrich 608 Fifth Ave New York, NY		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			☐ Change ☐ Addition		
(Empty)			☐ Change ☐ Addition		
(Empty)			☐ Change ☐ Addition		
(Empty)			☐ Change ☐ Addition		
(Empty)			☐ Change ☐ Addition		
12. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Gary Rosenthal 1/7/04 862 778 7800 SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					