2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# 823177

Entity Name: NOVARTIS PHARMACEUTICALS CORPORATION

Current Principal Place of Business:

59 ROUTE 10
EAST HANOVER, NJ 079361080

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPT
59 RT 10
EAST HANOVER, NJ 07936

New Mailing Address:

ATTN: TAX DEPT
59 ROUTE 10
EAST HANOVER, NJ 07936

FEI Number: 22-1857084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP
Name: KAUL, SIDDHARTH
Address: 59 ROUTE 10
City-St-Zip: EAST HANOVER, NJ 07936

Title: PCEO
Name: HANTSON, LUDWIG
Address: 59 ROUTE 10
City-St-Zip: EAST HANOVER, NJ 07936

Title: SVP
Name: KENDRIS, TOM
Address: 59 ROUTE 10
City-St-Zip: EAST HANOVER, NJ 07936

Title: D
Name: JIMENEZ, JOE
Address: 35 LICHTSTRASSE
City-St-Zip: BASLE, CH XXXXX CH

Title: D
Name: ZAUSNER, MERYL
Address: 608 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: D
Name: HERRLING, PAUL
Address: 35 LICHTSTRASSE
City-St-Zip: BASLE, CH XXXXX CH

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: TOM KENDRIS S 04/25/2012

Electronic Signature of Signing Officer or Director Date