FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **834304** **(8)**

1. Corporation Name

SANDOZ NUTRITION CORPORATION

Principal Place of Business	Mailing Address
5320 WEST 23RD STREET P.O. BOX 370 MINNEAPOLIS MN 55440	5320 WEST 23RD STREET P.O. BOX 370 MINNEAPOLIS MN 55440

3. Date Incorporated or Qualified: **05/05/1975**

3a. Date of Last Report: **03/16/1995**

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

4. FEI Number: **41-0991082** ☐ 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

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

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DIRECTOR & CHAIRMAN OF BOARD	☐ Change ☒ Addition
NAME	DOYLE, DONALD M.		1.2 NAME	ALEXANDRE SETZER	
STREET ADDRESS	5320 W. 23RD STREET		1.3 STREET ADDRESS	SANDOZ CORP, 608 FIFTH AVE	
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-ST-ZIP	NEW YORK, NY 10020	
TITLE	DC	☒ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	IMHOF, HEINZ		2.2 NAME	HELMUT BREUER	
STREET ADDRESS	608 FIFTH AVENUE		2.3 STREET ADDRESS	SIDLERSTRASSE 6	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	CH-3012 BERNE, SWITZERLAND	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REICHMUTH, GILG		3.2 NAME		
STREET ADDRESS	WIHELSTRASSE 14 POSTFACH 22		3.3 STREET ADDRESS		
CITY-ST-ZIP	6138 WALCHWIL ZG		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GALLIVAN, KAREN		4.2 NAME		
STREET ADDRESS	5320 W. 23RD STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		4.4 CITY-ST-ZIP		
TITLE	TV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDEN, FERDINAND		5.2 NAME		
STREET ADDRESS	5320 W 23RD STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 0		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE	PRESIDENT & DIRECTOR	☒ Change ☐ Addition
NAME	PYOTT, DAVID E. I.		6.2 NAME	DAVID E.I. PYOTT	
STREET ADDRESS	5320 W 23RD STREET		6.3 STREET ADDRESS	SANDOZ INTNAL LTD 35 LICHTSTRASSE	
CITY-ST-ZIP	MINNEAPOLIS, MN 0		6.4 CITY-ST-ZIP	CH-4002 BASLE, SWITZERLAND	

CR2E034 (12/95)

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)(k), 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: Brenda L. Mueller BRENDA L. MUELLER ASSISTANT SECRETARY 3/21/96 612-925-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #