SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED
AND
FILED

1997 SEP 23 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

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

1. Corporation Name
NOVARTIS 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1975	3a. Date of Last Report: 04/17/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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: CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1201 HAYS STREET
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: Gail Shelby, as agent — 9-22-97
Signature of officer or director of corporation (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DOYLE, DONALD M.		1.2 NAME	WATSON, DOUGLAS	
STREET ADDRESS	5320 W. 23RD STREET		1.3 STREET ADDRESS	556 MORRIS AVENUE	
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-ST-ZIP	SUMMIT, NJ 07901	
TITLE	DC	☐ DELETE	2.1 TITLE	DIRECTOR, CHAIRMAN OF BOARD	☒ Change ☐ Addition
NAME	JETZER, ALEXANDRE		2.2 NAME	JETZER, ALEXANDRE	
STREET ADDRESS	SANDOZ CORP, 608 FIFTH AVE		2.3 STREET ADDRESS	NOVARTIS INTNATL; SCHWARZWALDALLEE 215	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	BASLE, SWITZERLAND	
TITLE	D	☒ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BREUER, HELMUT		3.2 NAME	DULEX, CLAUDE	
STREET ADDRESS	SIDLERSTRASSE 6		3.3 STREET ADDRESS	556 MORRIS AVENUE	
CITY-ST-ZIP	CH-3012 BERNE SW		3.4 CITY-ST-ZIP	SUMMIT, NJ 07901	
TITLE	S	☐ DELETE	4.1 TITLE	SECRETARY & VICE PRESIDENT	☒ Change ☐ Addition
NAME	GALLIVAN, KAREN		4.2 NAME	GALLIVAN, KAREN 100230521 3---4	
STREET ADDRESS	5320 W. 23RD STREET		4.3 STREET ADDRESS	-09/26/97--01103--006	
CITY-ST-ZIP	MINNEAPOLIS MN		4.4 CITY-ST-ZIP	****550.00 ****550.00	
TITLE	TV	☐ DELETE	5.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	FRIEDEN, FERDINAND		5.2 NAME	Brenda L. Mueller	
STREET ADDRESS	5320 W 23RD STREET		5.3 STREET ADDRESS	7700 Halstead Drive	
CITY-ST-ZIP	MINNEAPOLIS, MN 0		5.4 CITY-ST-ZIP	Minnetrista, MN 55364	
TITLE	PD	☐ DELETE	6.1 TITLE	PRESIDENT, DIRECTOR	☒ Change ☐ Addition
NAME	PYOTT, DAVID E. I.		6.2 NAME	PYOTT, DAVID E.I.	
STREET ADDRESS	SANDOZ INTN'L LTD., 35 LIGHTSTRASSE		6.3 STREET ADDRESS	NOVARTIS INTNATL; LICHTSTRASSE 35	
CITY-ST-ZIP	CH-4002 BASLE SW		6.4 CITY-ST-ZIP	CH-4002 BASLE, SWITZERLAND	

CR2E034 (4/97)

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: Brenda L. Mueller — BRENDA L. MUELLER — ASSISTANT SECRETARY — 9/5/97 — 612-593-2259

9/25 AT