

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **834304** (8)
1. Corporation Name
NOVARTIS NUTRITION CORPORATION

Principal Place of Business 5320 WEST 23RD STREET P.O. BOX 370 MINNEAPOLIS MN 55440	Mailing Address 5320 WEST 23RD STREET P.O. BOX 370 MINNEAPOLIS MN 55440
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1975	
21		26		4. FEI Number 41-0991082	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		81 Name		10. Name and Address of New Registered Agent	
		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 _____
Signature, typed or printed name of registered agent and title 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	☐ Change ☐ Addition
NAME	WATSON, DOUGLAS	1.2 NAME	
STREET ADDRESS	556 MORRIS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMIT NJ 07901	1.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JETZER, ALEXANDRE	2.2 NAME	
STREET ADDRESS	NOVARTIS INTNATL;SCHWARZWALBALLEE 215	2.3 STREET ADDRESS	
CITY-ST-ZIP	BASLE SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DULEX, CLAUDE	3.2 NAME	
STREET ADDRESS	556 MORRIS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMIT NJ 07901	3.4 CITY-ST-ZIP	
TITLE	SV ☐ 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	AS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MUELLER, BRENDA L	5.2 NAME	
STREET ADDRESS	7700 HALSTEAD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETRISTA MN 55364	5.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	PYOTT, DAVID E. I.	6.2 NAME	PRESIDENT) DIRECTOR
STREET ADDRESS	NOVARTIS INTNATL;LICHTSTRASSE 35	6.3 STREET ADDRESS	DAVID M. HURLEY
CITY-ST-ZIP	CH-4002 BASLE SWITZERLAND	6.4 CITY-ST-ZIP	5320 W. 23RD ST
			MINNEAPOLIS, MN 55416

14. 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 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
11/12/97

CR2E034 (10/97)

NOVARTIS NUTRITION CORPORATION
OFFICERS AND DIRECTORS

12/18/97

OFFICERS:

HURLEY, David M.
President and Chief Executive Officer

ADDRESS AND SSN:

220 East Myrtle Street
Stillwater, MN 55082
147-44-9423

EGBERG, David C.
Vice President, Technical
Operations, Research and Development
and Health Risk Management

19625 Chartwell Hill
Shorewood, MN 55331
476-46-5069

FONTANA, John A.
Executive Vice President

13225 46th Avenue North
Plymouth, MN 55442
327-36-6111

FRIEDEN, Ferdinand G.
Vice President, Finance and
Administration, and Treasurer

7017 Lee Valley Circle
Edina, MN 55439
475-13-9931

GALLIVAN, Karen Park
Vice President Human Resources,
Secretary and General Counsel

7015 Lanham Lane
Edina, MN 55439
471-70-5826

MUELLER, Brenda L.
Assistant Secretary

7700 Halstead Drive
Minnetrista, MN 55364
472-82-9109