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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **834304**

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

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):

4. FEI Number: 41-0991082 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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	☐ 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	HURLEY, DAVID M		6.2 NAME	
STREET ADDRESS	5320 W 23RD ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55416		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: B Mueller Asst Secy. 4/19/99 612-573-2259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #