2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90070 020 ***550.00

DOCUMENT # 834304

1. Entity Name

NOVARTIS NUTRITION CORPORATION

Principal Place of Business	Mailing Address
[illegible] WEST 23RD STREET P.O. BOX 370 [illegible] MN 55440	5320 WEST 23RD STREET P.O. BOX 370 MINNEAPOLIS MN 55440-0370

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	560 Morris Ave Suite, Apt. #, etc.
City & State	City & State: Summit, N.J.
Zip / Country	Zip: 07901 Country: USA

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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: [signature] Assoc Dir Tax 5-1-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2000 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be *Added to Fees*

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, DOUGLAS 556 MORRIS AVENUE SUMMIT NJ 07901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THOMAS E. RALING - DIR. 560 MORRIS AVE SUMMIT, N.J. 07901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD JETZER, ALEXANDRE NOVARTIS INTNATL;SCHWARZWALDALLEE 215 BASLE SWITZERLAND	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALFREDO PIRRGALLINI - ~~Treas~~ - DIR. 560 MORRIS AVE SUMMIT, N.J. 07901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DULEX, CLAUDE 556 MORRIS AVENUE SUMMIT NJ 07901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TERRY BARNETT - DIR.~~ ~~600 FIFTH AVE~~ ~~N.Y. N.Y. 10020~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV GALLIVAN, KAREN 5320 W. 23RD STREET MINNEAPOLIS MN	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FERDINAND FRIEDEN - V.P. FIN. 560 MORRIS AVE SUMMIT, N.J. 07901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MUELLER, BRENDA L 7700 HALSTEAD DRIVE MINNETRISTA MN 55364	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRISTOPHER FITZPATRICK SECRETARY 560 MORRIS AVE SUMMIT, N.J. 07901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HURLEY, DAVID M 5320 W 23RD ST MINNEAPOLIS MN 55416	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	H. KNOX - V.P. 5320 West 23rd St. Minneapolis, MN 55440. ☐ Change ☒ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-1-00 908-598-7715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #