

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90138 012 ***150.00

DOCUMENT # 834304

1. Entity 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

2. Principal Place of Business

3. Mailing Address

560 MORRIS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Summit, N.J.

4. FEI Number

41-0991082

Applied For

Not Applicable

Zip

Country

Zip

Country

07901

USA

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, 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, 2001 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	D	☒ Delete
NAME	WATSON, DOUGLAS	
STREET ADDRESS	556 MORRIS AVENUE	
CITY-ST-ZIP	SUMMIT NJ 07901	
TITLE	CD	☒ Delete
NAME	JETZER, ALEXANDRE	
STREET ADDRESS	NOVARTIS INTNATL;SCHWARZWALBALLEE 215	
CITY-ST-ZIP	BASLE SWITZERLAND	
TITLE	D	☒ Delete
NAME	DULEX, CLAUDE	
STREET ADDRESS	556 MORRIS AVENUE	
CITY-ST-ZIP	SUMMIT NJ 07901	
TITLE	SV	☒ Delete
NAME	GALLIVAN, KAREN	
STREET ADDRESS	5320 W. 23RD STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	AS	☒ Delete
NAME	MUELLER, BRENDA L	
STREET ADDRESS	7700 HALSTEAD DRIVE	
CITY-ST-ZIP	MINNETRISTA MN 55364	
TITLE	PD	☒ Delete
NAME	HURLEY, DAVID M	
STREET ADDRESS	5320 W 23RD ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55416	

TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	M. VALRUTINO	
STREET ADDRESS	560 MORRIS AVE, SUMMIT, N.J. 07901	
CITY-ST-ZIP		
TITLE	F. FRIEDMAN - V.P.	☐ Change ☒ Addition
NAME		
STREET ADDRESS	560 MORRIS AVE, SUMMIT, N.J. 07901	
CITY-ST-ZIP		
TITLE	V.P. GEN. COUNSEL	☐ Change ☒ Addition
NAME	C. FITZPATRICK	
STREET ADDRESS	560 MORRIS AVE, SUMMIT, N.J. 07901	
CITY-ST-ZIP		
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	T. BARNETT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	A. PIRACALLINI	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	A. CADREUX	☐ Change ☒ Addition
NAME		
STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-01

508-555-7753

CR2634 (10/00)