2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90392 032 ***150.00

DOCUMENT # 834304

1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	200 Kimball Drive Suite, Apt. #, etc.
City & State	Parsippany, New Jersey
Zip / Country	07054-0632 / Morris

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 _____ 4-9-2002
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, 2002 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	P VALENTINO, M 560 MORRIS AVE SUMMIT NJ 07901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRIRDE, F 520 MORRIS AVE SUMMIT NJ 07901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CONNELL, GEN 520 MORRIS AVE SUMMIT NJ 07901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. & General Counsel Christopher Fitzpatrick 200 Kimball Drive Parsippany, NJ 07054	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARVETT, T 520 MORRIS AVE SUMMIT NJ 07901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Barnett, Terry 608 Fifth Avenue New York, NY 10020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPOFIX, A 520 MORRIS AVE SUMMIT NJ 07901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition

CR2E034 (9/01)

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: Raymond A. White SIGNATURE REQUIRED 3-26-2002 943-503-7514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #