2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004
Secretary of State

DOCUMENT# 834304

Entity Name: NOVARTIS NUTRITION CORPORATION

Current Principal Place of Business:

5320 WEST 23RD STREET
P.O. BOX 370
MINNEAPOLIS, MN 55440

New Principal Place of Business:

Current Mailing Address:

200 KIMBALL DRIVE
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 41-0991082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CONNELLY, JANET	
Address:	5100 GAMBLE DR	
City-St-Zip:	ST LOUIS PARK, MN 55416	
Title:	VP	( ) Delete
Name:	THOMPSON, CRAIG	
Address:	5100 GAMBLE DRIVE	
City-St-Zip:	ST LOUIS PARK, MN 55416 OC	
Title:	VP	( ) Delete
Name:	HARRINGTON, ROBERT	
Address:	5100 GAMBLE DR	
City-St-Zip:	ST LOUIS PARK, MN 55416	
Title:	D	( ) Delete
Name:	BARNETT, TERRY	
Address:	608 FIFTH AVENUE	
City-St-Zip:	NEW YORK, NY 10020	
Title:	D	( ) Delete
Name:	LAPIERRE, RICHARD	
Address:	200 KIMBALL DR	
City-St-Zip:	PARSIPPANY, NJ 07054	
Title:	VP	( ) Delete
Name:	ARMSTRONG, JERRY	
Address:	5100 GAMBLE DR	
City-St-Zip:	ST LOUIS PARK, MN 55416	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG THOMPSON VP 08/17/2004

Electronic Signature of Signing Officer or Director Date