

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834304

FILED
Sep 12, 2007
Secretary of State

Entity Name: NOVARTIS NUTRITION CORPORATION

Current Principal Place of Business:

5320 WEST 23RD STREET
ST LOUIS PARK, MN 55416

New Principal Place of Business:

1600 UTICA AVENUE SOUTH
600
ST LOUIS PARK, MN 55416

Current Mailing Address:

PO BOX 370
MINNEAPOLIS, MN 55440

New Mailing Address:

1600 UTICA AVENUE SOUTH
600
ST LOUIS PARK, MN 55416

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONNEELY, JANET
Address: 1600 UTICA AVE S, #600
City-St-Zip: ST LOUIS PARK, MN 55416

Title: V () Delete
Name: DROZDA, STEVE
Address: 1600 UTICA AVE S, #600
City-St-Zip: ST LOUIS PARK, MN 55416

Title: S (X) Delete
Name: VANCE-BRYAN, DIANA
Address: 1600 UTICA AVE S, #600
City-St-Zip: ST LOUIS PARK, MN 55416

Title: T (X) Delete
Name: WHITE, RAYMOND A JR
Address: 200 KIMBALL DR
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YATES, DAVID
Address: 1600 UTICA AVE S, #600
City-St-Zip: ST LOUIS PARK, MN 55416

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 exemption stated in Chapter 119, 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: STEVE DROZDA

VP

09/12/2007

Electronic Signature of Signing Officer or Director

Date