

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834304

FILED
Jan 12, 2011
Secretary of State

Entity Name: NESTLE HEALTHCARE NUTRITION, INC.

Current Principal Place of Business:

10801 RED CIRCLE DRIVE
MINNETONKA, MN 55343

New Principal Place of Business:

12 VREELAND ROAD
FLORHAM PARK, NJ 07932 US

Current Mailing Address:

10801 RED CIRCLE DRIVE
MINNETONKA, MN 55343

New Mailing Address:

12500 WHITEWATER DRIVE
MINNETONKA, MN 55343 US

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: YATES, DAVID
Address: 12 VREELAND ROAD
City-St-Zip: FLORHAM PARK, NJ 07932 US

Title: VP
Name: HARBECK, DAVID
Address: 12500 WHITEWATER DRIVE
City-St-Zip: MINNETONKA, MN 55343 US

Title: TREA
Name: DAVIS, MICHAEL
Address: 383 MAIN AVE, 5TH FLOOR
City-St-Zip: NORWALK, CT 06851 US

Title: SEC
Name: PEPIN, JAMES
Address: 12 VREELAND ROAD
City-St-Zip: FLORHAM PARK, NJ 07932 US

Title: DIR
Name: NIETO, DAVID
Address: 12 VREELAND ROAD
City-St-Zip: FLORHAM PARK, NJ 07932 US

Title: DIR
Name: SCHMIDT, KURT
Address: 12 VREELAND ROAD
City-St-Zip: FLORHAM PARK, NJ 07932 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL DAVIS

TREA

01/12/2011

Electronic Signature of Signing Officer or Director

Date