2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000522

1. Entity Name
BAYER PHARMACEUTICALS CORPORATION

Principal Place of Business	Mailing Address
400 MORGAN LANE WEST HAVEN, CT 06516	400 MORGAN LANE WEST HAVEN, CT 06516

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0651534
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000087747
03/15/04-80023-007 158.75

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	MOLNAR, ATTILA
STREET ADDRESS	100 BAYER ROAD
CITY-ST-ZIP	PITTSBURGH, PA 15205
TITLE	P
NAME	FOSTER, COLIN J
STREET ADDRESS	400 MORGAN LANE
CITY-ST-ZIP	WEST HAVEN, CT 06516
TITLE	VS
NAME	BERRY, PAUL
STREET ADDRESS	400 MORGAN LANE
CITY-ST-ZIP	WEST HAVEN, CT 06516
TITLE	T
NAME	WYNE, JON R
STREET ADDRESS	100 BAYER ROAD
CITY-ST-ZIP	PITTSBURGH, PA 15205
TITLE	V
NAME	WENZEL, FRANK
STREET ADDRESS	100 BAYER ROAD
CITY-ST-ZIP	PITTSBURGH, PA 15205
TITLE	V
NAME	SINHA, VIKAS
STREET ADDRESS	400 MORGAN LANE
CITY-ST-ZIP	WEST HAVEN, CT 06516

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #