


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

|  |   |
|--|---|
| <b>DOCUMENT # F03000000522</b><br>1. Entity Name<br><b>BAYER PHARMACEUTICALS CORPORATION</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>400 MORGAN LANE<br/>WEST HAVEN, CT 06516</b> | Mailing Address<br><b>400 MORGAN LANE<br/>WEST HAVEN, CT 06516</b> |
|--|--|



01072004 No Chg-P CR2E034 (10/03)

|   |   |
|---|---|
| 4. FEI Number<br><b>03-0651534</b>                        | Applied For<br><b>Not Applicable</b>      |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

**DO NOT WRITE IN THIS SPACE**

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b> |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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* (NOTE: Registered Agent signature required when relocating) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>MOLNAR, ATTILA<br>100 BAYER ROAD<br>PITTSBURGH, PA 15205  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FOSTER, COLIN J<br>400 MORGAN LANE<br>WEST HAVEN, CT 06516 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>BERRY, PAUL<br>400 MORGAN LANE<br>WEST HAVEN, CT 06516    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WYNE, JON R<br>100 BAYER ROAD<br>PITTSBURGH, PA 15205      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WENZEL, FRANK<br>100 BAYER ROAD<br>PITTSBURGH, PA 15205    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SINHA, VIKAS<br>400 MORGAN LANE<br>WEST HAVEN, CT 06516    |

**DO NOT WRITE  
IN THIS SPACE**

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: *Frank Wenzel* *2/20/04* Date Daytime Phone #