

FILED  
Apr 21, 2005 8:00 am  
Secretary of State

04-21-2005 90230 028 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

|   |  |
|---|--|
| DOCUMENT # F03000000622                             |  |
| 1. Entity Name<br>BAYER PHARMACEUTICALS CORPORATION |  |



40064162

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



|  |  |
|--|--|
| 2. Principal Place of Business<br>Bldg. Apt. # etc | 3. Mailing Address<br>100 Bayer Road<br>6th Fl. Bldg.<br>Attn: Tax Dept<br>City & State<br>Pittsburgh, PA<br>Zip<br>15205-9741<br>Country<br>USA |
| City & State                                       | Country  |

|                                  |                             |                                |
|----------------------------------|-----------------------------|--------------------------------|
| 03212003                         | Corp-P                      | 0320034 (10/05)                |
| 4. 441 Number<br>03-0651534      | Added For<br>Not Applicable |                                |
| 5. Certificate of Status Desired | <input type="checkbox"/>    | \$8.75 Additional Fee Required |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|--|---|

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, from last year, and accepts the jurisdiction of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
NOTE: Registered Agent's name is required when filing this report.

File Now! Fee is \$150.00  
After May 1, 2005 Fee will be \$350.00

9. Election Concern or Financing  
Trust Fund Contribution  \$5.00 May Be Added to Fee

| 10. OFFICERS AND DIRECTORS                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS           |   |
|--|---|---|---|
| 10.1<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | DC<br>MOLNAR, A TILA<br>100 BAYER ROAD<br>PITTSBURGH, PA 15205<br><input type="checkbox"/> Chair  | 11.1<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>Please see attached</i> |
| 10.2<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | P<br>FOSTER, COLIN J<br>400 MORGAN LANE<br>WEST HAVEN, CT 06516<br><input type="checkbox"/> Chair | 11.2<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| 10.3<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VS<br>BERRY, PAUL<br>400 MORGAN LANE<br>WEST HAVEN, CT 06516<br><input type="checkbox"/> Chair    | 11.3<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| 10.4<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | T<br>WYNE, JON R<br>100 BAYER ROAD<br>PITTSBURGH, PA 15205<br><input type="checkbox"/> Chair      | 11.4<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| 10.5<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | V<br>WENZEL, FRANK<br>100 BAYER ROAD<br>PITTSBURGH, PA 15205<br><input type="checkbox"/> Chair    | 11.5<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| 10.6<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | V<br>SINHA, VIKAS<br>400 MORGAN LANE<br>WEST HAVEN, CT 06516<br><input type="checkbox"/> Chair    | 11.6<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |

12. I hereby certify that the information supplied with this filing does not comply for the exemption listed in Section 190.07(3)(f), Florida Statutes, I hereby certify that the information is correct and accurate and that my signature shall have the same legal effect as if made under oath. I am the officer or director of the corporation or the receiver or trustee empowered to submit this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or in an attachment to an address with all other live employees.

SIGNATURE: *P.F. Wright* DATE: 3-24-05

CONFIDENTIAL

**ATTACHMENT Elected Officers  
Bayer Pharmaceuticals Corporation**

**January 31, 2005**

#F0300000522

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| NAME                   | TITLE  | ADDRESS                                     |
|------------------------|--|---|
| Dr. Attilia Molnar     | Director   | 100 Bayer Road<br>Pittsburgh, PA 15205-9741 |
| Dr. Wolfgang Pflischke | President of<br>Pharmaceuticals<br>Division / Director       | Building Q30<br>51368 Leverkusen<br>Germany |
| Arthur J. Higgins      | Director   | 400 Morgan Lane<br>West Haven, CT 06516     |
| Paolo Pucci            | President and CEO  | 400 Morgan Lane<br>West Haven, CT 06516     |
| Paul R. Berry          | Senior Vice President,<br>General Counsel and<br>Secretary   | 400 Morgan Lane<br>West Haven, CT 06516     |
| Andreas Beier          | Vice President, Bitroller<br>and Chief Accounting<br>Officer | 100 Bayer Road<br>Pittsburgh, PA 15205-9741 |
| Vikas Sinha            | Vice President and<br>Controller                             | 400 Morgan Lane<br>West Haven, CT           |
| Paul F. Wright         | Assistant Treasurer  | 100 Bayer Road<br>Pittsburgh, PA 15205-9741 |
| Tracy E. Spagnol       | Treasurer  | 100 Bayer Road<br>Pittsburgh, PA 15205-9741 |
| Keith R. Abrams        | Assistant Secretary  | 100 Bayer Road<br>Pittsburgh PA 15205-9741  |
| Jeffrey Greenman       | Assistant Secretary  | 400 Morgan Lane<br>West Haven, CT 06516     |

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MAY 02 2005  
York STB, Inc.