

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000522

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: BAYER PHARMACEUTICALS CORPORATION

## Current Principal Place of Business:

400 MORGAN LANE  
WEST HAVEN, CT 06516

## New Principal Place of Business:

## Current Mailing Address:

100 BAYER ROAD  
ATTA TAX DEPARTMENT  
PITTSBURGH, PA 152059741

## New Mailing Address:

FEI Number: 03-0651534      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DC ( ) Delete  
Name: MOLNAR, ATTILA  
Address: 100 BAYER ROAD  
City-St-Zip: PITTSBURGH, PA 15205

Title: P ( ) Delete  
Name: FOSTER, COLIN J  
Address: 400 MORGAN LANE  
City-St-Zip: WEST HAVEN, CT 06516

Title: VS ( ) Delete  
Name: BERRY, PAUL  
Address: 400 MORGAN LANE  
City-St-Zip: WEST HAVEN, CT 06516

Title: T ( ) Delete  
Name: WYNE, JON R  
Address: 100 BAYER ROAD  
City-St-Zip: PITTSBURGH, PA 15205

Title: V (X) Delete  
Name: WENZEL, FRANK  
Address: 100 BAYER ROAD  
City-St-Zip: PITTSBURGH, PA 15205

Title: V (X) Delete  
Name: SINHA, VIKAS  
Address: 400 MORGAN LANE  
City-St-Zip: WEST HAVEN, CT 06516

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/C (X) Change ( ) Addition  
Name: MOLNAR, ATTILA DIR&CHR  
Address: 400 MORGAN LANE  
City-St-Zip: WEST HAVEN, CT 06516

Title: P (X) Change ( ) Addition  
Name: PUCCI, PAOLO PRES  
Address: 400 MORGAN LANE  
City-St-Zip: WEST HAVEN, CT 06516

Title: T (X) Change ( ) Addition  
Name: SPAGNOL, TRACY E TREAS  
Address: 400 MORGAN LANE  
City-St-Zip: WEST HAVEN, CT 06516

Title: S (X) Change ( ) Addition  
Name: BERRY, PAUL R SECRET  
Address: 400 MORGAN LANE  
City-St-Zip: WEST HAVEN, CT 06516

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 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: AMY EHNE

POA

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date