

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 EHNES

POA

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date