

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003710

FILED
Jan 10, 2007
Secretary of State

Entity Name: BOEHRINGER INGELHEIM PHARMACEUTICALS, INC.

Current Principal Place of Business:

900 RIDGEBURY ROAD
RIDGEFIELD, CT 06877

New Principal Place of Business:

Current Mailing Address:

900 RIDGEBURY ROAD
RIDGEFIELD, CT 06877

New Mailing Address:

FEI Number: 13-2686668

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: PD () Delete
Name: CARROLL, MARTIN J
Address: 900 RIDGEBURY ROAD
City-St-Zip: RIDGEFIELD, CT 06877

Title: AS () Delete
Name: POMER, FRANK A ESQ
Address: 900 RIDGEBURY ROAD
City-St-Zip: RIDGEFIELD, CT 06877

Title: T () Delete
Name: TETZNER, HERMANN
Address: 900 RIDGEBURY ROAD
City-St-Zip: RIDGEFIELD, CT 06877

Title: CD () Delete
Name: GERSTENBERG, WERNER
Address: 112 CHESTNUT HILL ROAD
City-St-Zip: STAMFORD, CT 06903

Title: PCOO () Delete
Name: CARROLL, J. MARTIN
Address: 371 WILTON ROAD EAST
City-St-Zip: RIDGEFIELD, CT 06877

Title: EV () Delete
Name: FONTEYNE, PAUL R
Address: 4 DEEPWOOD LANE
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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: FRANK A. POMER

AS

01/10/2007

Electronic Signature of Signing Officer or Director

Date