

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006458

FILED  
Jan 21, 2010  
Secretary of State

Entity Name: NOVARTIS CONSUMER HEALTH, INC.

## Current Principal Place of Business:

WATERFORD BUSINESS PARK  
5200 BLUE LAGOON DRIVE, 6TH FLOOR STE 690  
MIAMI, FL 33126

## New Principal Place of Business:

200 KIMBALL DRIVE  
PARSIPPANY, NJ 07054

## Current Mailing Address:

WATERFORD BUSINESS PARK  
5200 BLUE LAGOON DRIVE, 6TH FLOOR STE 690  
MIAMI, FL 33126

## New Mailing Address:

200 KIMBALL DRIVE  
PARSIPPANY, NJ 07054

FEI Number: 06-1415390

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: CEO  
Name: VAN DE PUT, DIRK  
Address: 200 KIMBALL DRIVE  
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP  
Name: CARMONA, PEPE  
Address: 200 KIMBALL DRIVE  
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP  
Name: TOLMAN, DAVID DR.  
Address: 200 KIMBALL DRIVE  
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP  
Name: HOUGH, CHARLIE VP  
Address: 200 KIMBALL DRIVE  
City-St-Zip: PARSIPPANY, NJ 07054

Title: CFO  
Name: MONGES, VIVIANE  
Address: 200 KIMBALL DRIVE  
City-St-Zip: PARSIPPANY, NJ 07054

Title: TREA  
Name: BLUMHOEFER, ELIZABETH  
Address: 200 KIMBALL DRIVE  
City-St-Zip: PARSIPPANY, NJ 07054

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH BLUMHOEFER

TREA

01/21/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date