# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2011**
**Secretary of State**

DOCUMENT# F05000006458

**Entity Name:** NOVARTIS CONSUMER HEALTH, INC.

**Current Principal Place of Business:**

200 KIMBALL DRIVE
PARSIPPANY, NJ 07054

**New Principal Place of Business:**

**Current Mailing Address:**

200 KIMBALL DRIVE
PARSIPPANY, NJ 07054

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: CEO
Name: MCNAMARA, BRIAN
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: 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 01/17/2011

Electronic Signature of Signing Officer or Director — Date