## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000006458

Entity Name: NOVARTIS CONSUMER HEALTH, INC.

FILED Apr 25, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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200 KIMBALL DRIVE PARSIPPANY, NJ 07054

Current Mailing Address: 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: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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: CEOP

Name: KELMAN, NAOMI
Address: 200 KIMBALL DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP

Name: CARMONA, JOSE IGNACIO
Address: 200 KIMBALL DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: VPS

 Name:
 TOLMAN, DAVID

 Address:
 200 KIMBALL DRIVE

 City-St-Zip:
 PARSIPPANY, NJ 07054

Title: CFO

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

Title: AT

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

Title:

 Name:
 PELZER, ROBERT

 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: DAVID TOLMAN S 04/25/2012