2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 24, 2008
Secretary of State

DOCUMENT# F07000000715

Entity Name: JOHNSON & JOHNSON SERVICES I, INC.

Current Principal Place of Business:

ONE JOHNSON & JOHNSON PLAZA
NEW BRUNSWICK, NJ 08933

New Principal Place of Business:

Current Mailing Address:

ONE JOHNSON & JOHNSON PLAZA
NEW BRUNSWICK, NJ 08933

New Mailing Address:

FEI Number: 22-2203696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: NEETA PATEL

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: ZOCCA, ROBERT L
Address: ONE JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: P ( ) Delete
Name: LETNER, MARK P
Address: 410 GEORGE STREET
City-St-Zip: NEW BRUNSWICK, NJ 08901

Title: V ( ) Delete
Name: PAPA, JOHN A
Address: ONE JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: T ( ) Delete
Name: YANNI, ANTHONY M
Address: RT 1 AND AARON RD
City-St-Zip: NORTH BRUNSWICK, NJ 08902

Title: V ( ) Delete
Name: COSGROVE, STEPHEN J
Address: ONE JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: V ( ) Delete
Name: MEHROTRA, LOUISE
Address: ONE JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: MCGRANAGHAN, MICHAEL R
Address: ONE JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

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

Title: ( ) Change ( ) Addition
Name:
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 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: NEETA PATEL MGR 11/24/2008

Electronic Signature of Signing Officer or Director — Date