2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000336

Entity Name: NOVARTIS VACCINES AND DIAGNOSTICS, INC.

FILED Apr 02, 2008 Secretary of State

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
4560 HORTON STREET EMERYVILLE, CA 94608 US				350 MASSACHUSETTS AVE. CAMBRIDGE, MA 02139 US		
Current Mailing Address:			New Ma	New Mailing Address:		
LAW DEPA	ON STREET RTMENT; M/S LE, CA 94608	R-422				
FEI Number: 9	94-2754624	FEI Number Applied For ()	El Number Not A	pplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DCEO ()D REINHARDT, JOE 4560 HORTON ST EMERYVILLE, CA D ()D COSTA, PAULO 4560 HORTON ST EMERYVILLE, CA	ERG FREET A 94608 US elete FREET A 94608 US	Title: Name: Address: City-St-Zip Title: Name: Address: City-St-Zip	D COSTA, PAU 350 MASSA CAMBRIDGI	CHUSETTS AVE. E, MA 02139 US (X) Change () Addition JLO CHUSETTS AVE. E, MA 02139 US	
Title: Name: Address: City-St-Zip: Title: Name:	D ()D BREU, RAYMUND 4560 HORTON ST EMERYVILLE, CA VCFO ()D BRAENDLI, RETC	o) FREET \(\) 94608 US elete	Title: Name: Address: City-St-Zip Title: Name:		CHUSETTS AVE. E, MA 02139 US (X) Change () Addition	
Address: City-St-Zip:	4560 HORTON ST EMERYVILLE, CA		Address: City-St-Zip		CHUSETTS AVE. E, MA 02139 US	
Title: Name: Address: City-St-Zip:	AS () D MEGHROUNI-BRO 4560 HORTON ST EMERYVILLE, CA	OWN, ANDREA FREET	Title: Name: Address: City-St-Zip):	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS () D KENDRIS, THOM/ 4560 HORTON ST EMERYVILLE, CA	Г	Title: Name: Address: City-St-Zip		(X) Change () Addition HOMAS CHUSETTS AVE. E, MA 02139 US	

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: ANDREA MEGHROUNI-BROWN AS 04/02/2008