2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# F95000000336

Entity Name: NOVARTIS VACCINES AND DIAGNOSTICS, INC.

Current Principal Place of Business:

350 MASSACHUSETTS AVE.
CAMBRIDGE, MA 02139 US

New Principal Place of Business:

Current Mailing Address:

4560 HORTON STREET
LAW DEPARTMENT; M/S R-422
EMERYVILLE, CA 94608

New Mailing Address:

4560 HORTON STREET
EMERYVILLE, CA 94608

FEI Number: 94-2754624 **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:	DCEO	( ) Delete
Name:	REINHARDT, JOERG	
Address:	350 MASSACHUSETTS AVE.	
City-St-Zip:	CAMBRIDGE, MA 02139 US	
Title:	D	( ) Delete
Name:	COSTA, PAULO	
Address:	350 MASSACHUSETTS AVE.	
City-St-Zip:	CAMBRIDGE, MA 02139 US	
Title:	D	( ) Delete
Name:	BREU, RAYMUND	
Address:	350 MASSACHUSETTS AVE.	
City-St-Zip:	CAMBRIDGE, MA 02139 US	
Title:	VCFO	( ) Delete
Name:	BRAENDLI, RETO	
Address:	350 MASSACHUSETTS AVE.	
City-St-Zip:	CAMBRIDGE, MA 02139 US	
Title:	AS	( ) Delete
Name:	MEGHROUNI-BROWN, ANDREA	
Address:	4560 HORTON STREET	
City-St-Zip:	EMERYVILLE, CA 94608 US	
Title:	VS	( ) Delete
Name:	KENDRIS, THOMAS	
Address:	350 MASSACHUSETTS AVE.	
City-St-Zip:	CAMBRIDGE, MA 02139 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DCEO	(X) Change ( ) Addition
Name:	OSWALD, ANDRIN	
Address:	350 MASSACHUSETTS AVE.	
City-St-Zip:	CAMBRIDGE, MA 02139 US	
Title:	D	(X) Change ( ) Addition
Name:	PELZER, ROBERT	
Address:	350 MASSACHUSETTS AVE.	
City-St-Zip:	CAMBRIDGE, MA 02139 US	
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: ANDREA MEGHROUNI-BROWN AS 04/28/2009

Electronic Signature of Signing Officer or Director — Date