2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

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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:

350 MASSACHUSETTS AVE.
CAMBRIDGE, MA 02139 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: OSWALD, ANDRIN
Address: 350 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139 US

Title: D
Name: PELZER, ROBERT
Address: 350 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139 US

Title: D
Name: SYMONDS, JONATHAN
Address: 350 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139 US

Title: VCFO
Name: BRAENDLI, RETO
Address: 350 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139 US

Title: AS
Name: ROGERS, MAUREEN
Address: 350 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02139 US

Title: VS
Name: KENDRIS, THOMAS
Address: 350 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139 US

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: MAUREEN A. ROGERS AS 01/05/2011

Electronic Signature of Signing Officer or Director Date