

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002635 (9)

1. Corporation Name

NOVO NORDISK PHARMACEUTICALS, INC.



Principal Place of Business

Mailing Address

100 OVERLOOK CENTER
SUITE 200
PRINCETON NJ 08540-7810

100 OVERLOOK CENTER
SUITE 200
PRINCETON NJ 08540-7810

3. Date Incorporated or Qualified

3a. Date of Last Report

05/31/1995

4. FEI Number

Applied For

06-1061602

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when not starting)

Signature of New Registered Agent (Required when not starting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

PO
CAPUANO, KENNETH G
100 OVERLOOK CENTER
PRINCETON NJ 08540-7810

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

V
EDWARDS, MARTIN
NOVO NORDISK A/S, NOVO ALLE
DK-2880 BAGSVAERD, DENMARK

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

S
SHEHAN, JAMES C
405 LEXINGTON AVE., #6400
NEW YORK NY 10017

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

T
FORNECKER, PHIL
100 OVERLOOK CENTER
PRINCETON NJ 08540-7810

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

D
SORENSEN, JAKOB
NOVO NORDISK A/S, NOVO ALLE
DK-2880 BAGSVAERD, DENMARK

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

D
AAGAARD, HENRIK
100 OVERLOOK CENTER
PRINCETON NJ 08540-7810

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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SIGNATURE:

James C. Shehan

7/30/96

212 867 0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

DISPATCH NUMBER

018221 FP

CR2E034 (3/96)