

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

**ATTN: FINANCE DEPARTMENT
100 OVERLOOK CENTER
PRINCETON NJ 08540-7810**

**ATTN: FINANCE DEPARTMENT
100 OVERLOOK CENTER
PRINCETON NJ 08540-7810**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1995

4. FEI Number

06-1061602

Applied For

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE
NAME **POOLE, WILLIAM S**
STREET ADDRESS **100 OVERLOOK CENTER**
CITY-ST-ZIP **PRINCETON NJ 08540**

TITLE **S** ☐ DELETE
NAME **SHEHAN, JAMES C**
STREET ADDRESS **405 LEXINGTON AVE., #6400**
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **T** ☐ DELETE
NAME **FORNECKER, PHIL**
STREET ADDRESS **100 OVERLOOK CENTER**
CITY-ST-ZIP **PRINCETON NJ 08540-7810**

TITLE **D** ☐ DELETE
NAME **JORGENSEN, LAR ALMBOLM**
STREET ADDRESS **NOVO NORDISK A/S, NOVO ALLE**
CITY-ST-ZIP **DK-2880 BAGSVAERD, DENMARK**

TITLE **D** ☐ DELETE
NAME **RAMSBY, OLE F**
STREET ADDRESS **NOVO ALLE, DK-2880, BAGSVAERD**
CITY-ST-ZIP **BAGSVAERD, DENMARK**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William S Poole

WILLIAM POOLE

4/2/98

609 987 5800

CR2E034 (10/97)