

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000002635**

1. Entity Name

NOVO NORDISK PHARMACEUTICALS, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91073 002 ***150.00

Principal Place of Business

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

Mailing Address

ATTN: FINANCE DEPARTMENT
100 OVERLOOK CENTER
PRINCETON NJ 08540-7810**A0069399**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ATTN: Finance Department

Suite, Apt. #, etc.

100 College Road West

City & State

Princeton, NJ

Zip

Country

08540-7810

3. Mailing Address

ATTN: Finance Department

Suite, Apt. #, etc.

100 College Road West

City & State

Princeton, NJ

Zip

Country

08540-78104. FEI Number **06-1061602**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SOPTERS, MARTIN H**
STREET ADDRESS **100 COLLEGE ROAD WEST**
CITY-ST-ZIP **PRINCETON NJ 08540**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **SHEHAN, JAMES C**
STREET ADDRESS **405 LEXINGTON AVE., #6400**
CITY-ST-ZIP **NEW YORK NY 10017**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **FORNECKER, PHIL**
STREET ADDRESS **100 COLLEGE RD WEST**
CITY-ST-ZIP **PRINCETON NJ 08540**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JORGENSEN, LAR ALMBOLM**
STREET ADDRESS **NOVO NORDISK A/S, NOVO ALLE**
CITY-ST-ZIP **DK-2880 BAGSVAERD, DENMARK**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RAMSBY, OLE F**
STREET ADDRESS **NOVO ALLE, DK-2880, BAGSVAERD**
CITY-ST-ZIP **BAGSVAERD, DENMARK**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Fornecker**4/24/01**

Date

69 987 5800

Daytime Phone #

CR2E034 (10/00)