

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90067 021 \*\*\*150.00

**DOCUMENT # F95000002635**

1. Entity Name  
**NOVO NORDISK PHARMACEUTICALS, INC.**

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| Principal Place of Business<br><b>ATTN: FINANCE DEPARTMENT</b><br><b>100 COLLEGE ROAD WEST</b><br><b>PRINCETON NJ 08540-7810</b> | Mailing Address<br><b>ATTN: FINANCE DEPARTMENT</b><br><b>100 COLLEGE ROAD WEST</b><br><b>PRINCETON NJ 08540-7810</b> |
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|  |  |
|--|--|
| 2. Principal Place of Business<br><b>ATTN: Finance Department</b><br>Suite, Apt. #, etc.<br><b>100 College Road West</b><br>City & State<br><b>Princeton, NJ</b><br>Zip<br><b>08540-7810</b> | 3. Mailing Address<br><b>ATTN: Finance Department</b><br>Suite, Apt. #, etc.<br><b>100 College Road West</b><br>City & State<br><b>Princeton, NJ</b><br>Zip<br><b>08540-7810</b> |
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DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 4. FEI Number<br><b>06-1061602</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION FL 33324</b> |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code              |  |

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 \_\_\_\_\_ (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.<br>(See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|---|---|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>SOPTERS, MARTIN H</b><br><b>100 COLLEGE ROAD WEST</b><br><b>PRINCETON NJ 08540</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>SHEHAN, JAMES C</b><br><b>405 LEXINGTON AVE., #6400</b><br><b>NEW YORK NY 10017</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>FORNECKER, PHIL</b><br><b>100 COLLEGE RD WEST</b><br><b>PRINCETON NJ 08540</b> <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JORGENSEN, LAR ALMBOLM</b><br><b>NOVO NORDISK A/S, NOVO ALLE</b><br><b>DK-2880 BAGSVAERD, DENMARK</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RAMSBY, OLE F</b><br><b>NOVO ALLE, DK-2880, BAGSVAERD</b><br><b>BAGSVAERD, DENMARK</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** *Phil Fornecker* **1/25/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)

Attachment

# F95000002635



VIA CERTIFIED MAIL

328880

January 22, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report

Dear Ladies and Gentlemen,

Enclosed for filing is the 2002 Uniform Business Report (UBR). Also enclosed is a check in the amount of \$150.00 in payment for amount due.

If you have any questions, please give me a call at (609) 987-5863.

Sincerely,

Kevin Rowland  
Assistant Controller

Enclosures