

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F95000002635

Entity Name: NOVO NORDISK INC.

FILED  
Oct 21, 2005  
Secretary of State

## Current Principal Place of Business:

ATTN: FINANCE DEPARTMENT  
100 COLLEGE ROAD WEST  
PRINCETON, NJ 085407810

## New Principal Place of Business:

NOVO NORDISK LEGAL DEPARTMENT  
100 COLLEGE ROAD WEST  
PRINCETON, NJ 085407810

## Current Mailing Address:

ATTN: FINANCE DEPARTMENT  
100 COLLEGE ROAD WEST  
PRINCETON, NJ 085407810

## New Mailing Address:

NOVO NORDISK LEGAL DEPARTMENT  
100 COLLEGE ROAD WEST  
PRINCETON, NJ 085407810

FEI Number: 06-1061602

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: KORRI A. BEHLER, SPECIAL ASSISTANT SECT.

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SOETERS, MARTIN  
Address: 100 COLLEGE ROAD WEST  
City-St-Zip: PRINCETON, NJ 08540

Title: SD ( ) Delete  
Name: SHEHAN, JAMES C  
Address: 100 COLLEGE ROAD WEST  
City-St-Zip: PRINCETON, NJ 08540

Title: T ( ) Delete  
Name: FORNECKER, PHIL  
Address: 100 COLLEGE RD WEST  
City-St-Zip: PRINCETON, NJ 08540

Title: V ( ) Delete  
Name: REIT, BARRY  
Address: 100 COLLEGE RD VEST  
City-St-Zip: PRINCETON, NJ 08540

Title: D ( ) Delete  
Name: RAMSBY, OLE F  
Address: NOVO ALLE, DK-2880, BAGSVAERD  
City-St-Zip: BAGSVEARD, DENMARK,

Title: C ( ) Delete  
Name: SCHULTZ, KAARE  
Address: NOVO ALLE, DK-2880  
City-St-Zip: BAGSVAERD DENMARK,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES C. SHEEHAN

SD

10/21/2005

Electronic Signature of Signing Officer or Director

Date