## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # F95000002635 FILED 1. Entity Name NOVÓ NORDISK INC. 07 OCT 18 AM 9: 37 allontitäri OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA NOVO NORDISK INC. **NOVO NORDISK LEGAL DEPARTMENT** 100 COLLEGE ROAD WEST 100 COLLEGE ROAD WEST PRINCETON, NJ 08540-7810 PRINCETON, NJ 08540-7810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 100 REINSTATEMENT 98 (1/07) City & State City & State 4. FEI Number 06-1061602 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. Assistant Secretary SIGNATURE (NOTE: Registered Agent algusture required when reinstating) filed name of registered agent and little if applicable FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ₽D TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOETERS, MARTIN NAME NAME STREET ADDRESS 100 COLLEGE ROAD WEST STREET ADDRESS PRINCETON, NJ 08540 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME SHEHAN, JAMES C NAME STREET ADDRESS 100 COLLEGE ROAD WEST STREET ADDRESS CITY-ST-ZIP PRINCETON, NJ 08540 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FORNECKER, PHIL NAME STREET ADDRESS 100 COLLEGE RD WEST STREET ADDRESS CITY-ST-ZIP PRINCETON, NJ 08540 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition RAMSBY, OLE F NAME NAME STREET ADDRESS NOVO ALLE, DK-2880, BAGSVAERD STREET ADDRESS BAGSVEARD, DENMARK, NA CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change SCHULTZ, KAARE MARKE NAME STREET ADDRESS NOVO ALLE, DK-2880, BAGSVAERD STREET ADDRESS CITY - ST-ZIP BAGSVEARD, DENMARK, NA CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other fixe empowered. SIGNATURE: \_ E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Dayume Phone #