

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90493 023 ***150.00

DOCUMENT # F95000002635

1. Entity Name
NOVO NORDISK PHARMACEUTICALS, INC.



Principal Place of Business
ATTN: FINANCE DEPARTMENT
100 COLLEGE ROAD WEST
PRINCETON NJ 08540-7810

Mailing Address
ATTN: FINANCE DEPARTMENT
100 COLLEGE ROAD WEST
PRINCETON NJ 08540-7810

2. Principal Place of Business

3. Mailing Address

ATTN: FINANCE DEPARTMENT

ATTN: FINANCE DEPARTMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 COLLEGE ROAD WEST

100 COLLEGE ROAD WEST

City & State

City & State

PRINCETON, NJ

PRINCETON, NJ

Zip

Country

Zip

Country

08540-7810

08540-7810

☐ CHECK HERE IF MAKING CHANGES

4. 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

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

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOPTERS, MARTIN H 100 COLLEGE ROAD WEST PRINCETON NJ 08540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEHAN, JAMES C 405 LEXINGTON AVE., #6400 NEW YORK NY 10017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORNECKER, PHIL 100 COLLEGE RD WEST PRINCETON NJ 08540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGENSEN, LAR ALBOLM NOVO NORDISK A/S, NOVO ALLE DK-2880 BAGSVAERD, DENMARK	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSBY, OLE F NOVO ALLE, DK-2880, BAGSVAERD BAGSVAERD, DENMARK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEHAN, JAMES C 405 LEXINGTON AVE., #6400 NEW YORK NY 10017	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REIT, BARRY 100 College Road West PRINCETON, NJ 08540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHULZ NOVO ALLE, DK-2880, BAGSVAERD BAGSVAERD, DENMARK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)