

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F97000000065 (9)**  
 1. Corporation Name  
**NOVARTIS ANIMAL HEALTH US, INC.**



Principal Place of Business <b>C/O CURTIS MALLET-PREVOST COLT &amp; MOSLE          101 PARK AVE.          NEW YORK NY 10178-0061</b>	Mailing Address <b>C/O CURTIS MALLET-PREVOST COLT &amp; MOSLE          101 PARK AVE.          NEW YORK NY 10178-0061</b>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/06/1997**

2. Principal Place of Business <b>21 1500 PINECROFT ROAD</b> Suite, Apt. #, etc. <b>22 SUITE 400</b> City & State <b>23 GREENSBORO, NC</b> Zip Country <b>24 27407 25 USA</b>	2a. Mailing Address <b>26 PO BOX 26402</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 GREENSBORO, NC</b> Zip Country <b>29 27404-6402 30 USA</b>	4. FEI Number <b>APPLIED FOR 56-2002553</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE FL 32301-2525</b>	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81 Name</td></tr> <tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td></tr> <tr><td>84 City</td></tr> <tr><td>85 Zip Code</td></tr> </table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
81 Name						
82 Street Address (P.O. Box Number is Not Acceptable)						
83						
84 City						
85 Zip Code						

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD</b>	<b>DULEX, CLAUDE</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DULEX, CLAUDE</b>	<b>608 5TH AVE.</b>		1.2 NAME <b>DULEX, CLAUDE</b>
STREET ADDRESS <b>608 5TH AVE.</b>	<b>NEW YORK NY 10020</b>		1.3 STREET ADDRESS <b>608 5TH AVE</b>
CITY-ST-ZIP <b>NEW YORK NY 10020</b>			1.4 CITY-ST-ZIP <b>NEW YORK, NY 10020</b>
TITLE <b>VD</b>	<b>THOMPSON, ROBERT L</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>THOMPSON, ROBERT L</b>	<b>608 5TH AVE.</b>		2.2 NAME <b>GUERTLER, HANS-DEAT</b>
STREET ADDRESS <b>608 5TH AVE.</b>	<b>NEW YORK NY 10020</b>		2.3 STREET ADDRESS <b>AH-1 CH-4002</b>
CITY-ST-ZIP <b>NEW YORK NY 10020</b>			2.4 CITY-ST-ZIP <b>BASEL SWITZERLAND</b>
TITLE <b>VD</b>	<b>WATSON, DOUGLAS G</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WATSON, DOUGLAS G</b>	<b>520 WHITE PLAINS RD.</b>		3.2 NAME <b>WATSON, DOUGLAS G.</b>
STREET ADDRESS <b>520 WHITE PLAINS RD.</b>	<b>TARRYTOWN NY 10591-9005</b>		3.3 STREET ADDRESS <b>550 MORRIS AVE</b>
CITY-ST-ZIP <b>TARRYTOWN NY 10591-9005</b>			3.4 CITY-ST-ZIP <b>SUMMIT, NJ 07901</b>
TITLE <b>P</b>	<b>MILLER, DALE A</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLER, DALE A</b>	<b>520 WHITE PLAINS RD.</b>		4.2 NAME <b>MILLER, DALE A.</b>
STREET ADDRESS <b>520 WHITE PLAINS RD.</b>	<b>TARRYTOWN NY 10591-9005</b>		4.3 STREET ADDRESS <b>1500 PINECROFT ROAD SUITE 400</b>
CITY-ST-ZIP <b>TARRYTOWN NY 10591-9005</b>			4.4 CITY-ST-ZIP <b>GREENSBORO, NC 27407</b>
TITLE <b>S</b>	<b>BENJAMIN, JEFF</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BENJAMIN, JEFF</b>	<b>520 WHITE PLAINS RD.</b>		5.2 NAME <b>POMERANTZ, ERIC</b>
STREET ADDRESS <b>520 WHITE PLAINS RD.</b>	<b>TARRYTOWN NY 10591-9005</b>		5.3 STREET ADDRESS <b>1500 PINECROFT ROAD SUITE 400</b>
CITY-ST-ZIP <b>TARRYTOWN NY 10591-9005</b>			5.4 CITY-ST-ZIP <b>GREENSBORO, NC 27407</b>
TITLE <b>TS</b>	<b>TOLER, DENNIS D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>TV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TOLER, DENNIS D</b>	<b>608 5TH AVE.</b>		6.2 NAME <b>TOLER, DENNIS D.</b>
STREET ADDRESS <b>608 5TH AVE.</b>	<b>NEW YORK NY 10020</b>		6.3 STREET ADDRESS <b>1500 PINECROFT ROAD SUITE 400</b>
CITY-ST-ZIP <b>NEW YORK NY 10020</b>			6.4 CITY-ST-ZIP <b>GREENSBORO, NC 27407</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)