

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

UNUS

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90023 001 ***150.00

DOCUMENT # F97000000065

1. Corporation Name NOVARTIS ANIMAL HEALTH US, INC.



Principal Place of Business: 1500 PINECROFT RD STE 400 GREENSBORO NC 27407 US
Mailing Address: P O BOX 26402 GREENSBORO NC 27404-402 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3200 NORTHLINE AVE, SUITE 300, GREENSBORO, NC 27408, US
2a. Mailing Address: 28 Suite, Apt. #, etc. City & State: 27 GREENSBORO, NC 28 Zip: 24 27408, Country: 25 US

3. Date Incorporated or Qualified: 01/06/1997
4. FEI Number: 56-2002553
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--------|
| TITLE | D | DELETE |
| NAME | DULEX, CLAUDE | |
| STREET ADDRESS | 608 5TH AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10020 | |
| TITLE | D | DELETE |
| NAME | GUERTLER, HAN-BERT | |
| STREET ADDRESS | AH-1 CH-4002 | |
| CITY-ST-ZIP | BASLE SW 10020 | |
| TITLE | D | DELETE |
| NAME | WATSON, DOUGLAS G | |
| STREET ADDRESS | 556 MORRIS AVE | |
| CITY-ST-ZIP | SUMMIT NJ 07901 | |
| TITLE | PD | DELETE |
| NAME | MILLER, DALE A | |
| STREET ADDRESS | 1500 PINECROFT RD STE 400 | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |
| TITLE | S | DELETE |
| NAME | POMERANTZ, ERIC | |
| STREET ADDRESS | 1500 PINECROFT RD, STE 400 | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |
| TITLE | TV | DELETE |
| NAME | TOLER, DENNIS D | |
| STREET ADDRESS | 1500 PINECROFT ROAD, STE 400 | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 564 MORRIS AVE | |
| 1.4 CITY-ST-ZIP | SUMMIT, NJ 07901 | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 564 MORRIS AVE | |
| 3.4 CITY-ST-ZIP | SUMMIT, NJ 07901 | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 3200 NORTHLINE AVE, STE 300 | |
| 4.4 CITY-ST-ZIP | GREENSBORO, NC 27408 | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | 3200 NORTHLINE AVE, STE 300 | |
| 5.4 CITY-ST-ZIP | GREENSBORO, NC 27408 | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | 3200 NORTHLINE AVE, STE 300 | |
| 6.4 CITY-ST-ZIP | GREENSBORO, NC 27408 | |

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, with all other like empowered.

SIGNATURE: [Signature] 04-05-99 (336) 387-1000 Date Daytime Phone #

CR2E034 (11/98)