## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 823177** 

**Entity Name: NOVARTIS PHARMACEUTICALS CORPORATION** 

Apr 29, 2015 Secretary of State CC2567478281

**FILED** 

## **Current Principal Place of Business:**

**59 ROUTE 10** 

EAST HANOVER. NJ 07936-1080

## **Current Mailing Address:**

ATTN: TAX DEPT 59 ROUTE 10

EAST HANOVER, NJ 07936

FEI Number: 22-1857084 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title SECRETARY, VP, GENERAL

COUNSEL

Name SHAW, CHRISTI

Name KENDRIS, THOMAS

Address 59 ROUTE 10

Address 59 ROUTE 10

City-State-Zip: EAST HANOVER NJ 07936

City-State-Zip: EAST HANOVER NJ 07936

Title CHAIRMAN

Name EPSTEIN, DAVID

Address 59 ROUTE 10 Name KIRSCH, HARRY
Address 59 ROUTE 10 Address 59 ROUTE 10

City-State-Zip: EAST HANOVER NJ 07936-1080 City-State-Zip: EAST HANOVER NJ 07936-1080

Title CFO, VP

 Name
 ZAUSNER, MERYL
 Title
 DIRECTOR

 Name
 ERHAT, FELIX

 Address
 59 ROUTE 10
 Address
 Address

Address 59 ROUTE 10

City-State-Zip: EAST HANOVER NJ 07936-1080 City-State-Zip: EAST HANOVER NJ 07936-1080

I hereby 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 all other like empowered.

SIGNATURE: THOMAS KENDRIS

SECRETARY

04/29/2015

Date