## 2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 823177** 

**Entity Name: NOVARTIS PHARMACEUTICALS CORPORATION** 

**Current Principal Place of Business:** 

**59 ROUTE 10** 

EAST HANOVER, NJ 07936

**Current Mailing Address:** 

**59 ROUTE 10** 

EAST HANOVER, NJ 07936-1080 US

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

Date

FILED Feb 07, 2025

**Secretary of State** 

6327158220CC

Officer/Director Detail:

TitleCHAIR, PRESIDENTTitleCFO, DIRECTORNameCARULLA, VICTOR BULTONameMCKENNA, JOHNAddress59 ROUTE 10AddressONE HEALTH PLAZA

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

Title ASST. SECRETARY Title DIRECTOR

Name GLEESON, ROBERT Name KOTHARI, SHEFALI

Address 59 ROUTE 10 Address 59 ROUTE 10

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

TitleTREASURERTitleSECRETARYNameMARTI, EDUARDNameHUERTAS, JAIMEAddress59 ROUTE 10Address59 ROUTE 10

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

Title ASST. SECRETARY Title DIRECTOR

Name RAWLINSON, VICKI Name MCGEE, ELIZABETH

Address 59 ROUTE 10 Address 59 ROUTE 10

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

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: HUERTAS, JAIME SECRETARY 02/07/2025