

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823177

Entity Name: NOVARTIS PHARMACEUTICALS CORPORATION**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_____
Date**Officer/Director Detail :**

Title	VP
Name	KAUL, SIDDHARTH
Address	59 ROUTE 10
City-State-Zip:	EAST HANOVER NJ 07936

Title	S/VP
Name	KENDRIS, TOM
Address	59 ROUTE 10
City-State-Zip:	EAST HANOVER NJ 07936

Title	D
Name	ZAUSNER, MERYL
Address	230 PARK AVE
City-State-Zip:	NEW YORK NY 10169

Title	P
Name	WYSS, ANDRE R
Address	59 ROUTE 10
City-State-Zip:	EAST HANOVER NJ 07936

Title	D
Name	JIMENEZ, JOE
Address	35 LICHTSTRASSE
City-State-Zip:	BASLE CH XXXXX

Title	D
Name	HERRLING, PAUL
Address	35 LICHTSTRASSE
City-State-Zip:	BASLE CH XXXXX

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: TOM KENDRIS

S/VP

04/25/2013

Electronic Signature of Signing Officer/Director Detail_____
Date