

2022 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**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	BULTO CARULLA, VICTOR
Address	59 ROUTE 10
City-State-Zip:	EAST HANOVER NJ 07936

Title	CHAIRMAN
Name	KENDRIS, THOMAS
Address	ONE HEALTH PLAZA
City-State-Zip:	EAST HANOVER NJ 07936

Title	CFO, DIRECTOR
Name	MCKENNA, JOHN
Address	6201 SOUTH FREEWAY
City-State-Zip:	FORT WORTH TX 76134

Title	SECRETARY
Name	GLEESON, ROBERT
Address	59 ROUTE 10
City-State-Zip:	EAST HANOVER NJ 07936

Title	DIRECTOR, VP, GENERAL COUNSEL
Name	MCGEE, ELIZABETH
Address	59 ROUTE 10
City-State-Zip:	EAST HANOVER NJ 07936

Title	DIRECTOR
Name	KLEE, CHRISTIAN
Address	59 ROUTE 10
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: ROBERT GLEESON**SECRETARY****04/23/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date