

2024 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 CHAIR, AUTHORIZED SIGNATORY
Name CARULLA, VICTOR BULTO
Address 59 ROUTE 10
City-State-Zip: EAST HANOVER NJ 07936

Title CFO, DIRECTOR
Name MCKENNA, JOHN
Address ONE HEALTH PLAZA
City-State-Zip: EAST HANOVER NJ 07936

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

Title DIRECTOR
Name KOTHARI, SHEFALI
Address 59 ROUTE 10
City-State-Zip: EAST HANOVER NJ 07936

Title TREASURER
Name MARTI, EDUARD
Address 59 ROUTE 10
City-State-Zip: EAST HANOVER NJ 07936

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

Title ASST. TREASURER
Name DIGRAVINA, KRISTINA
Address 59 ROUTE 10
City-State-Zip: EAST HANOVER NJ 07936

Title ASST. SECRETARY
Name RAWLINSON, VICKI
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: JOHN MCKENNA**CHIEF FINANCIAL
OFFICER****04/20/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date