

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834304

Entity Name: NESTLE HEALTHCARE NUTRITION, INC.**Current Principal Place of Business:**12 VREELAND ROAD
FLORHAM PARK, NJ 07932**Current Mailing Address:**12 VREELAND ROAD
FLORHAM PARK, NJ 07932 US**FEI Number:** 41-0991082**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 PRES
Name YATES, DAVID
Address 12 VREELAND ROAD
City-State-Zip: FLORHAM PARK NJ 07932

Title VP
Name HARBECK, DAVID
Address 12500 WHITEWATER DRIVE
City-State-Zip: MINNETONKA MN 55343

Title ASST TREASURER - TAXES
Name DAVIS, MICHAEL
Address 383 MAIN AVE, 5TH FLOOR
City-State-Zip: NORWALK CT 06851

Title SEC
Name PEPIN, JAMES
Address 12 VREELAND ROAD
City-State-Zip: FLORHAM PARK NJ 07932

Title DIR
Name STRAND, PAUL
Address 12 VREELAND ROAD
City-State-Zip: FLORHAM PARK NJ 07932

Title DIR
Name OCHOA, JUAN
Address 12 VREELAND ROAD
City-State-Zip: FLORHAM PARK NJ 07932

Title TREASURER
Name GOSLINE , DON W
Address 800 N BRAND BLVD
City-State-Zip: GLENDALE CA 91203

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: MICHAEL DAVIS**ASST TREASURER -
TAXES****04/19/2013**

Electronic Signature of Signing Officer/Director Detail

Date