

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834304

Entity Name: NESTLE HEALTHCARE NUTRITION, INC.**Current Principal Place of Business:**1812 N. MOORE ST
NESTLE TAX DEPARTMENT
ARLINGTON, VA 22209**Current Mailing Address:**1812 N. MOORE STREET
NESTLE TAX DEPARTMENT
ARLINGTON, VA 22209 US**FEI Number:** 41-0991082**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name SANCHEZ, BARBARA
Address 1041 US HIGHWAY 202/206
City-State-Zip: BRIDGEWATER NJ 08807

Title TREASURER
Name NEELY, ALEXANDRA
Address 1812 N MOORE ST
City-State-Zip: ARLINGTON VA 22209

Title PRESIDENT
Name BUCKWALTER, ABIGAIL
Address 1007 ROUTE 202/206
City-State-Zip: BRIDGEWATER NJ 08807

Title VP, DIRECTOR
Name BRIZ, LUIS
Address 1007 US HIGHWAY 202/206
BLDG JR2
City-State-Zip: BRIDGEWATER NJ 08807

Title ASST. TREASURER
Name INGRAM, BRIAN
Address 1812 N MOORE ST
City-State-Zip: ARLINGTON VA 22209

Title VP
Name BELLE, FELICIA
Address 1007 ROUTE 202/206
City-State-Zip: BRIDGEWATER NJ 08807

Title SECRETARY
Name GLASS, ANDREW
Address 30003 BAINBRIDGE ROAD
City-State-Zip: SOLON OH 44139

Title DIRECTOR
Name KERRIGAN, DONALD
Address 121 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

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: BRIAN INGRAM**ASSISTANT TREASURER 04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date