No. C 176744		Due no later than Jan 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. BAYER HEALTHCARE PHARMACEUTICALS INC. 6 WEST BELT RD WAYNE NJ 07470		2. Registered A	Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1401 SHORI BOISE ID USA				
4. Corporations: Enter Nar	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	GREGORY S	BABE	6 WEST BELT RD	WAYNE	ŊĴ	USA	07470	
DIRECTOR	WILLY SCHE	RF	6 WEST BELT RD	WAYNE	נא	USA	07470	
TREASURER	REASURER TRACY E SI		6 WEST BELT RD	WAYNE	Ŋ	USA	07470	
SECRETARY	RETARY MICHAEL J		6 WEST BELT RD	WAYNE	NJ	USA	07470	
PRESIDENT	MARK TRUD	EAU	6 WEST BELT RD	WAYNE	NJ	USA	07470	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE C 176744		Signature: Ma		Date: 12/01/2009				
		Name (type o		Title: Poa				
Processed 12/01/2009	* Electronically provided signatures are accepted as original signatures.							