

No. <b>W 22409</b>		<b>Due no later than Jan 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BAYER HEALTHCARE LLC 555 WHITE PLAINS ROAD TARRYTOWN NY 10591		CORPORATION SERVICE COMPANY 1401 SHORELINE DRIVE STE 2 BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BAYER CORPORATION	555 WHITE PLAINS ROAD	TARRYTOWN	NY	USA	10591	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>DE W 22409</b>		Signature: Mandeline Hendricks				Date: 12/04/2008	
		Name (type or print): Mandeline Hendricks				Title: Power of Attorney	
Processed 12/04/2008		* Electronically provided signatures are accepted as original signatures.					