



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000310404

2. Name of Corporation Bayer HealthCare Pharmaceuticals Inc.

3. Street Address Principal Business Office:

No. and Street: 6 WEST BELT RD

City or Town: WAYNE

State: NJ

Zip: 07470

Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

Pharmaceutical company that develops and markets novel therapeutics and diagnostics taht address medical needs in oncology, female healthcare, diagnostic imaging and therapeutics for life threatening adn disabling diseases

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	REINHARD FRANZEN	6 WEST BELT RD WAYNE, NJ 07470 USA
TREASURER	TRACY E. SPAGNOL	6 WEST BELT RD WAYNE, NJ 07470 USA
SECRETARY	MICHAEL J. MCDONALD	6 WEST BELT RD WAYNE, NJ 07470 USA
DIRECTOR	WILLY SCHERF	6 WEST BELT RD WAYNE, NJ 07470 USA
DIRECTOR	FRANZ-JOSEF BERNERS	6 WEST BELT RD WAYNE, NJ 07470 USA
DIRECTOR	GREGORY S BABE	6 WEST BELT RD WAYNE, NJ 07470 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$10.00	200.00	200

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 5 Day of February, 2009 at 3:27:47 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MANDELIN HENDRICKS

Signature of Authorized Representative of the Corporation

ATTORNEY IN FACT

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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