

# Business Corporation North Carolina Annual Report

This report may be filed online at the Secretary of State website: [www.sosnc.com](http://www.sosnc.com)

Name of Business Corporation:

Fiscal Year Ending:                      Month / Day / Year

State of Incorporation:

Secretary of State ID Number:

Federal Employer ID Number:

Nature of Business:

Registered Agent:

Registered Office Mailing Address:

City:

State:

Registered Office Street Address:

City:

State:

Signature of New Registered Agent:                      (Signature constitutes consent to the appointment)

Principal Office Telephone Number:

Principal Office Mailing Address:

City:

State:

Principal Office Street Address:

City:

State:

Name, Title, and Business Address of Principal Officers:

Name:	Title:
Address:	
City:	State:                      Zip:

Name:	Title:
Address:	
City:	State:                      Zip:

Name:	Title:
Address:	
City:	State:                      Zip:

Certification of annual report **(Must be completed by all Business Corporations).**

\_\_\_\_\_  
Signature (Form must be signed by an officer of corporation)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

# Check List for Business Corporation Annual Report

(Instructions for the preparation of the Business Corporation Annual Report, Form CD-479)

## The Annual Report fee is \$20.00

Use the checklist below in preparing the annual report for business corporations. Please take a few minutes and read the information provided. The Business Corporation Annual Report due date is based on the corporation's fiscal year end. The annual report form is due by the 15th day of the 3rd month following the business corporation's fiscal year end.

### The following information must be provided by each business corporation filing an Annual Report with the North Carolina Department of Revenue:

- Name of Corporation
- Fiscal Year Ending
- State of Incorporation
- Secretary of State ID Number
- Federal Employer ID Number
- A Brief Description of the Nature of the Business
- The registered agent's name, office mailing address, and street address. The name of the registered agent must be typed or printed. The registered office's mailing address must be a North Carolina address and may be a Post Office Box. The street address must be a "**Street Address**" and not a "**Post Office Box**". **The street address of the registered office must be a North Carolina address.**

If the registered agent has changed, the new registered agent **must sign consent** to the appointment in the space provided. If the registered agent's name was changed due to marriage, or by any other legal means, the corporation must indicate such change in the space provided and have the agent sign consent to the appointment under the new name. The registered agent must reside in North Carolina.

- The principal office telephone number, mailing address, and street address. The principal office street address should reveal the corporation's **physical location**.
- Every corporation must have at least one officer. Enter the complete name, title, and business address(es) of the principal officers. Use a plain 8 1/2" x 11" sheet of paper if more space is needed. If more space is needed, the additional sheet(s) must be attached to the annual report form.
- Check the Annual Report carefully to ensure all information required for filing has been provided. **Only an officer listed on the report may sign.** Complete the signature, date, typed or printed name and title in the spaces provided on the form to certify that the information is accurate and current.

### For more information or assistance, please contact:

North Carolina Secretary of State  
Corporations Division  
Post Office Box 29622  
Raleigh, NC 27626-0622  
Phone (919)807-2225  
Toll Free 1-(888) 246-7636

# Attachment for Additional Principal Officers

Place this form directly  
behind Form CD-479.

Name of Corporation: JOHNSON AND JOHNSON PHARMACEUTICALS INC

FEIN: 176453458

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---