

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002227

Entity Name: ALLERGAN SALES, LLC

Current Principal Place of Business:

5 GIRALDA FARMS
MADISON, NJ 07940

FILED
May 01, 2021
Secretary of State
6011739846CC

Current Mailing Address:

1 N WAUKEGAN ROAD
TAX DEPARTMENT
NORTH CHICAGO, IL 60064 US

FEI Number: 46-0469784

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

Authorized Person(s) Detail :

Title MANAGER AND PRESIDENT
Name MICHAEL, ROBERT A
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title VP
Name SHINDLER, MARTIN
Address 5 GIRALDA FARMS
City-State-Zip: MADISON NJ 07940

Title VP
Name BRISTOW, LINDSEY
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title MEMBER
Name ALLERGAN HOLDCO US, INC.
Address 5 GIRALDA FARMS
City-State-Zip: MADISON NJ 07940

Title MEMBER
Name ALLERGAN HOLDINGS, INC.
Address 5 GIRALDA FARMS
City-State-Zip: MADISON NJ 07940

Title ASST. SECRETARY
Name CORBIN, JOHANNA M
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title ASST. TREASURER
Name KLINTWORTH, WAYNE
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title SECRETARY
Name LAGUNAS, JENNIFER M
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Continues on page 2

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDSEY BRISTOW

VICE PRESIDENT

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title TREASURER
Name REENTS, SCOTT T
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title ASST. SECRETARY
Name WEITH, EMILY
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064