

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004007

**Entity Name:** ABBVIE RESPIRATORY LLC

**Current Principal Place of Business:**

1 N. WAUKEGAN ROAD  
NORTH CHICAGO, IL 60064

**Current Mailing Address:**

1 N. WAUKEGAN ROAD  
D-V367 AP34-3NE TAX DEPARTMENT  
NORTH CHICAGO, IL 60064 US

**FEI Number:** 57-1140380

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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           SOLE MEMBER  
Name           KOS PHARMACEUTICALS, INC.  
Address        1 N. WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

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

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

Title           TREASURER  
Name           PURDUE, DAVID R  
Address        1 N. WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

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

*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**

**04/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date