

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000000729

**Entity Name:** ALLERGAN USA, INC.

**Current Principal Place of Business:**

2525 DUPONT DRIVE  
IRVINE, CA 92612

**Current Mailing Address:**

2525 DUPONT DRIVE  
IRVINE, CA 92612 US

**FEI Number: 20-1843604**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BAILEY, A. ROBERT D.  
Address        400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title            VP  
Name            HILADO, MARIA TERESA  
Address        400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title            VP  
Name            KELLERMAN, JONATHON  
Address        400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title            VP  
Name            LING, KAREN  
Address        400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title            VP  
Name            MAYR, CHARLES M.  
Address        400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title            VP  
Name            NAVARRE, PAUL  
Address        400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title            VP  
Name            SCHAISON, PHILIPPE  
Address        2525 DUPONT DRIVE  
City-State-Zip: IRVINE CA 92612

Title            VP  
Name            PATEL, SANJIV  
Address        2525 DUPONT DRIVE  
City-State-Zip: IRVINE CA 92612

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*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KIRA SCHWARTZ**

**SECRETARY**

**04/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name MEURY , WILLIAM  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title VP  
Name LENNON, SEAN  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title ASST. SECRETARY  
Name CONDINO, DEBRA D.  
Address 2525 DUPONT DRIVE  
City-State-Zip: IRVINE CA 92612

Title VP  
Name PARSCHAUER, KARAH  
Address 2525 DUPONT DRIVE  
City-State-Zip: IRVINE CA 92612

Title SECRETARY  
Name SCHWARTZ, KIRA  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name HILADO, MARIA TERESA  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title ASST. SECRETARY  
Name TOMKINS, JUDITH  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title VP  
Name STEWART , ROBERT A.  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title VP  
Name KIRK, SIGURD C.  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title VP  
Name NICHOLSON, DAVID  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title TREASURER  
Name KAUFHOLD , STEPHEN M.  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name BAILEY, A. ROBERT D.  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054

Title VP  
Name SHINDLER, MARTIN  
Address 400 INTERPACE PARKWAY  
City-State-Zip: PARSIPPANY NJ 07054