

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004141

Entity Name: MYLAN INSTITUTIONAL INC.**Current Principal Place of Business:**1718 NORTHROCK COURT
ROCKFORD, IL 61103**Current Mailing Address:**1718 NORTHROCK COURT
ROCKFORD, IL 61103 US**FEI Number:** 36-3096520**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**Officer/Director Detail :**

Title	VP
Name	MATTHEWS, JAMIE
Address	1718 NORTHROCK COURT
City-State-Zip:	ROCKFORD IL 61103

Title	PRESIDENT/CEO
Name	GRAHAM JR., ROGER
Address	1718 NORTHROCK COURT
City-State-Zip:	ROCKFORD IL 61103

Title	VP
Name	WEINER, ALAN
Address	1718 NORTHROCK COURT
City-State-Zip:	ROCKFORD IL 61103

Title	ASST. SECRETARY
Name	MACIKOWSKI, KEVIN
Address	1718 NORTHROCK COURT
City-State-Zip:	ROCKFORD IL 61103

Title	DIRECTOR
Name	MIRAGLIA, JOHN
Address	1000 MYLAN BOULEVARD
City-State-Zip:	CANONSBURG PA 15317

Title	SECRETARY
Name	SALUS, THOMAS
Address	1000 MYLAN BOULEVARD
City-State-Zip:	CANONSBURG PA 15317

Title	TREASURER/CFO
Name	MIRAGLIA, JOHN
Address	1000 MYLAN BOULEVARD
City-State-Zip:	CANONSBURG PA 15317

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: SALUS, THOMAS**SECRETARY****03/28/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date