

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002017

Entity Name: WALLACE PHARMACEUTICALS INC.**Current Principal Place of Business:**1000 MYLAN BOULEVARD
CANONSBURG, PA 15317**Current Mailing Address:**265 DAVIDSON AVENUE
SOMERSET, NJ 08873-4120 US**FEI Number:** 90-0054980**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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:** JAMES HALPIN

09/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title PRESIDENT
Name TIGHE, ROBERT
Address 1000 MYLAN BOULEVARD
City-State-Zip: CANONSBURG PA 15317

Title VP
Name WEINER, ALAN
Address 405 LEXINGTON AVENUE
City-State-Zip: NEW YORK NY 10174

Title VICE PRESIDENT AND TREASURER
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 ASST. SECRETARY
Name MACIKOWSKI, KEVIN
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: KEVIN MACIKOWSKI**ASSISTANT SECRETARY** 09/26/2018

Electronic Signature of Signing Officer/Director Detail

Date