

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002017

**Entity Name:** WALLACE PHARMACEUTICALS INC.**Current Principal Place of Business:**781 CHESTNUT RIDGE ROAD  
MORGANTOWN, WV 26505**Current Mailing Address:**781 CHESTNUT RIDGE ROAD  
MORGANTOWN, WV 26505 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

04/24/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MIRAGLIA, JOHN  
Address 781 CHESTNUT RIDGE ROAD  
City-State-Zip: MORGANTOWN WV 26505

Title VP  
Name WEINER, ALAN  
Address 781 CHESTNUT RIDGE ROAD  
City-State-Zip: MORGANTOWN WV 26505

Title ASST. SECRETARY  
Name MACIKOWSKI, KEVIN  
Address 781 CHESTNUT RIDGE ROAD  
City-State-Zip: MORGANTOWN WV 26505

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:** THOMAS SALUS**SECRETARY**

04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date