

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002942

Entity Name: MILLICOM INTERNATIONAL CELLULAR S.A. CORP

Current Principal Place of Business:

2, RUE DU FORT BOURBON
LUXEMBOURG, L-1249

Current Mailing Address:

2, RUE DU FORT BOURBON
LUXEMBOURG, L-1249 LU

FEI Number: 98-0390444

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, MAGENA
255 GIRALDA AVENUE
SUITE 800
CORAL GABLES, FL 33134 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: MAGENA RODRIGUEZ

04/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name RIOS, JOSE A
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title DIRECTOR
Name ALMEIDA, ODILON
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title DIRECTOR
Name ELIASSON, TOMAS
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title DIRECTOR
Name ERENBJERG, PERNILLE
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title DIRECTOR
Name JOHNSON, MERCEDES
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title DIRECTOR, OFFICER
Name RAMOS, MAURICIO
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title DIRECTOR
Name NORLING, LARS-ÅKE
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title DIRECTOR
Name THOMPSON, JAMES
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

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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: SALVADOR ESCALON

**CHIEF LEGAL &
COMPLIANCE OFFICER**

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name IRIARTE , ESTEBAN
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title OFFICER
Name BOBENRIETH , SUSY
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title OFFICER
Name ROCOPLAN , XAVIER
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title DIRECTOR
Name CHURCHILL, BRUCE
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title OFFICER
Name LESINA, KARIM
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title OFFICER
Name ESCALON , SALVADOR
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title OFFICER
Name BRUHA, SHELDON
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249