

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000005623

Entity Name: MYLAN TECHNOLOGIES, INC.

**Current Principal Place of Business:**

110 LAKE STREET  
ST. ALBANS, VT 05478

**Current Mailing Address:**

110 LAKE STREET  
ST. ALBANS, VT 05478 US

FEI Number: 03-0336833

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           TREASURER/CFO  
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           DIRECTOR  
Name           WEINER, ALAN  
Address        1000 MYLAN BOULEVARD  
City-State-Zip: CANONSBURG PA 15317

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

Title           ASST. SECRETARY  
Name           MACIKOWSKI, KEVIN  
Address        110 LAKE STREET  
City-State-Zip: ST. ALBANS VT 05478

Title           VP  
Name           WEINER, ALAN  
Address        110 LAKE STREET  
City-State-Zip: ST. ALBANS VT 05478

Title           VP  
Name           HOUGHTON, MICHAEL  
Address        110 LAKE STREET  
City-State-Zip: ST. ALBANS VT 05478

Title           VP  
Name           LLOYD, JEFFERY  
Address        110 LAKE STREET  
City-State-Zip: ST. ALBANS VT 05478

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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: JOHN MIRAGLIA

TREASURER/CFO

03/20/2024

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT/CEO  
Name            MIRAGLIA, JOHN  
Address         110 LAKE STREET  
City-State-Zip: ST. ALBANS VT 05478