2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# F06000000729

Entity Name: ALLERGAN USA, INC.

Current Principal Place of Business:

2525 DUPONT DRIVE
IRVINE, CA 92612 US

New Principal Place of Business:

Current Mailing Address:

2525 DUPONT DRIVE
IRVINE, CA 92612 US

New Mailing Address:

FEI Number: 20-1843604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAY STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: _____ 01/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: PYOTT, DAVID E.I.
Address: 2525 DUPONT DRIVE
City-St-Zip: IRVINE, CA 92612 US

Title: P ( ) Delete
Name: BALL, F. MICHAEL
Address: 2525 DUPONT DRIVE
City-St-Zip: IRVINE, CA 92612 US

Title: VCFO ( ) Delete
Name: EDWARDS, JEFFREY L
Address: 2525 DUPONT DRIVE
City-St-Zip: IRVINE, CA 92612 US

Title: VPS ( ) Delete
Name: INGRAM, DOUGLAS S
Address: 2525 DUPONT DRIVE
City-St-Zip: IRVINE, CA 92612 US

Title: VPT ( ) Delete
Name: HINDMAN, JAMES M
Address: 2525 DUPONT DRIVE
City-St-Zip: IRVINE, CA 92612 US

Title: VPAS ( ) Delete
Name: MALETTA, MATTHEW J
Address: 2525 DUPONT DRIVE
City-St-Zip: IRVINE, CA 92612 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: PYOTT, DAVID E.I.
Address: 2525 DUPONT DRIVE
City-St-Zip: IRVINE, CA 92612 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MATTHEW J. MALETTA VPAS 01/29/2009
Electronic Signature of Signing Officer or Director — Date