

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002367

**Entity Name:** HORIZON THERAPEUTICS USA, INC.

**Current Principal Place of Business:**

1 HORIZON WAY  
DEERFIELD, IL 60015

**Current Mailing Address:**

1 HORIZON WAY  
DEERFIELD, IL 60015 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY  
Name GRAHAM, JONATHAN P.  
Address 1 HORIZON WAY  
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR  
Name COX, AARON  
Address 1 HORIZON WAY  
City-State-Zip: DEERFIELD IL 60015

Title TREASURER  
Name ELINOFF, ADAM S.  
Address 1 HORIZON WAY  
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR  
Name GRIFFITH, PETER H.  
Address 1 HORIZON WAY  
City-State-Zip: DEERFIELD IL 60015

Title PRESIDENT  
Name KARNANI, VIKRAM  
Address 1 HORIZON WAY  
City-State-Zip: DEERFIELD IL 60015

*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: JONATHAN P. GRAHAM**

**SECRETARY**

**02/12/2024**

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

\_\_\_\_\_  
Date