

2024 FOREIGN PROFIT CORPORATION AMENDED 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: Yes

Name and Address of Current Registered Agent:

MAIORI, MARIA FLORENCIA
8400 NW 36TH STREET.
SUITE 530
DORAL, FL 33136 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: MARIA FLORENCIA MAIORI

08/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name ARNAL, MARIA TERESA
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

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

Title DIRECTOR
Name TREVIÑO DE VEGA, BLANCA
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title OFFICER
Name GILL, PATRICK
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

MR

08/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title OFFICER
Name VANHAEREN, BART KRISTOF
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

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

Title CEO
Name BENITEZ, MARCELO
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title OFFICER
Name SALAS MORALES, KAREN
Address 2, RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249

Title DIRECTOR
Name DURAND, AUDE
Address 2 RUE DU FORT BOURBON
City-State-Zip: LUXEMBOURG L-1249 LU

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

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