

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20686

Entity Name: WEST PHARMACEUTICAL SERVICES, INC.**Current Principal Place of Business:**530 HERMAN O. WEST DRIVE
EXTON, PA 19341**Current Mailing Address:**530 HERMAN O. WEST DRIVE
EXTON, PA 19341 US**FEI Number:** 23-1210010**Certificate of Status Desired:** No**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HOFMANN, THOMAS W
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title DIRECTOR
Name WEILAND, JOHN H
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title SECRETARY, SENIOR VICE
PRESIDENT
Name MILLER, GEORGE L
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title DIRECTOR
Name WELTERS, ANTHONY
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title DIRECTOR
Name MICHELS, DOUGLAS A
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title DIRECTOR
Name BUTHMAN, MARK A
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title DIRECTOR
Name LAI-GOLDMAN, MYLA
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title DIRECTOR
Name ZENNER, PATRICK J
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

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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: GEORGE L. MILLER**SECRETARY****04/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON MD, MPH, PAULA A
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title PRESIDENT, DIRECTOR
Name GREEN, ERIC M
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title CFO
Name BIRKETT, BERNARD
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title DIRECTOR
Name FEEHERY PHD, WILLIAM F
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341

Title CFO, SENIOR VICE PRESIDENT
Name FEDERICI, WILLIAM J
Address 530 HERMAN O. WEST DRIVE
City-State-Zip: EXTON PA 19341