

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213541690

1.) CORPORATION NAME:

ALLERGAN USA, INC.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1759309**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O ALLERGAN USA INC
2525 DUPONT DR

CITY/ST/ZIP: IRVINE, CA 92612

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID EI PYOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	2525 DUPONT DR		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		

NAME:	JEFFREY L EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	2525 DUPONT DR		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		

NAME:	MATTHEW J MALETTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SEC		
ADDRESS:	2525 DUPONT DR		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		

NAME:	JAMES F BARLOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONTROLLER		
ADDRESS:	2525 DUPONT DR		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		

NAME:	JAMES M HINDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	2525 DUPONT DR		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		

NAME:	DOUGLAS S INGRAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2525 DUPONT DR		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARNOLD A PINKSTON VICE PRESIDENT 2525 DUPONT DR IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERILEA J WIELENGA VP, TAX 2525 DUPONT DR IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND H DIRADOORIAN VICE PRESIDENT 2525 DUPONT DR IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIAN S GANGOLLI VICE PRESIDENT 2525 DUPONT DR IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M LAWRENCE VICE PRESIDENT 2525 DUPONT DR IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JITENDRA J DAVE ASST TREASURER 2525 DUPONT DR IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA D CONDINO ASST SECRETARY 2525 DUPONT DR IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY K ANDREWS ASST SECRETARY 2525 DUPONT DR IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT M AKAMINE ASST SECRETARY 2525 DUPONT DR IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SCOTT MAKAMINE	SCOTT MAKAMINE,	9/4/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.