

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214536956

1.) CORPORATION NAME:

**ALLERGAN USA, INC.**

DUE DATE: **7/31/2014**

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:	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:	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:	ARNOLD A PINKSTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
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:	RAYMOND H DIRADOORIAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2525 DUPONT DR		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		

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

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/ MATTHEW J MALETTA	MATTHEW J MALETTA, VP/SEC	7/25/2014
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.