

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10075

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** PHILIP MORRIS CAPITAL CORPORATION

**Current Principal Place of Business:**

225 HIGH RIDGE ROAD  
SUITE 300  
WEST STAMFORD, CT 06905 US

**New Principal Place of Business:**

225 HIGH RIDGE ROAD  
SUITE 300  
STAMFORD, CT 06905 US

**Current Mailing Address:**

225 HIGH RIDGE ROAD  
SUITE 300  
WEST STAMFORD, CT 06905 US

**New Mailing Address:**

225 HIGH RIDGE ROAD  
SUITE 300  
STAMFORD, CT 06905 US

**FEI Number:** 13-3103583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MULLIGAN, JOHN J  
Address: 225 HIGH RIDGE ROAD SUITE 300  
City-St-Zip: STAMFORD, CT 06905 US

Title: VP  
Name: RUSSO, ALEX T  
Address: 225 HIGH RIDGE ROAD SUITE 300  
City-St-Zip: STAMFORD, CT 06905 US

Title: AS  
Name: LYDE, DONNA N  
Address: 225 HIGH RIDGE ROAD SUITE 300  
City-St-Zip: STAMFORD, CT 06905 US

Title: VPC  
Name: SPERA, JOHN M  
Address: 225 HIGH RIDGE ROAD SUITE 300  
City-St-Zip: STAMFORD, CT 06905 US

Title: DIR  
Name: SIMMONS, NEIL A  
Address: 225 HIGH RIDGE ROAD SUITE 300  
City-St-Zip: STAMFORD, CT 06905 US

Title: DIR  
Name: MITCHELL, SHEILA G  
Address: 225 HIGH RIDGE ROAD SUITE 300  
City-St-Zip: STAMFORD, CT 06905 US

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: MICHELLE DONATO

POA

04/08/2011

Electronic Signature of Signing Officer or Director

Date