

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 804908

**Entity Name:** DIEBOLD NIXDORF, INCORPORATED

**Current Principal Place of Business:**

50 EXECUTIVE PKWY  
HUDSON, OH 44236

**Current Mailing Address:**

50 EXECUTIVE PKWY  
HUDSON, OH 44236 US

**FEI Number: 34-0183970**

**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            PRESIDENT, CEO, DIRECTOR  
Name            MARQUEZ, OCTAVIO  
Address        50 EXECUTIVE PKWY  
City-State-Zip: HUDSON OH 44236

Title            SECRETARY  
Name            RADIGAN, ELIZABETH  
Address        50 EXECUTIVE PKWY  
City-State-Zip: HUDSON OH 44236

Title            CHAIRMAN  
Name            BYRNE, PATRICK  
Address        50 EXECUTIVE PKWY  
City-State-Zip: HUDSON OH 44236

Title            DIRECTOR  
Name            PEARLMAN, EMANUEL  
Address        50 EXECUTIVE PKWY  
City-State-Zip: HUDSON OH 44236

Title            DIRECTOR  
Name            ANTON, ARTHUR  
Address        50 EXECUTIVE PKWY  
City-State-Zip: HUDSON OH 44236

Title            DIRECTOR  
Name            ESPE, MATTHEW  
Address        50 EXECUTIVE PKWY  
City-State-Zip: HUDSON OH 44236

Title            DIRECTOR  
Name            BOWEN, MARJORIE  
Address        50 EXECUTIVE PKWY  
City-State-Zip: HUDSON OH 44236

Title            DIRECTOR  
Name            NAEMURA, DAVID  
Address        50 EXECUTIVE PKWY  
City-State-Zip: HUDSON OH 44236

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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: ELIZABETH RADIGAN**

**SECRETARY**

**03/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GROSS, MARK  
Address        50 EXECUTIVE PKWY  
City-State-Zip: HUDSON OH 44236