## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000007256

Entity Name: IQVIA PHARMA INC.

**Current Principal Place of Business:** 

2400 ELLIS ROAD DURHAM, NC 27703

**Current Mailing Address:** 

2400 ELLIS ROAD DURHAM. NC 27703 US

FEI Number: 20-3950764 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Mar 24, 2024

**Secretary of State** 

9248346191CC

Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title VP, SECRETARY
Name SHERBERT, ERIC Name ASHMAN, HARVEY A.

Address 100 IMS DR. Address 100 IMS DR.

City-State-Zip: PARSIPPANY NJ 07054 City-State-Zip: PARSIPPANY NJ 07054

Title VP, ASSISTANT TREASURER Title VP, ASSISTANT SECRETARY

Name COREY, DENISE M. Name GILMARTIN, MATTHEW

Address 4820 EMPEROR BLVD Address 100 IMS DRIVE

City-State-Zip: DURHAM NC 27703 City-State-Zip: PARSIPPANY NC 07054

Title VP, TREASURER Title VP

Name JOSEPH, KERRI Name SHOST, THOMAS

Address 100 IMS DRIVE Address 83 WOOSTER HEIGHTS RD

City-State-Zip: PARSIPPANY NC 07054 City-State-Zip: DANBURY CT 06810

Title VP Title VI

Name FERGUSON, JIM Name KNOLKER, MICHAEL

Address 1510 VALLEY CENTER PKWY Address 100 IMS DR

STE 130 City-State-Zip: PARSIPPANY NJ 07054

City-State-Zip: BETHLEHEM PA 18017

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: MICHAEL KNOLKER VICE PRESIDENT 03/24/2024

Electronic Signature of Signing Officer/Director Detail

Date