

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003380

Entity Name: PFIZER INC.**Current Principal Place of Business:**235 EAST 42ND STREET
NEW YORK, NY 10017-5755**Current Mailing Address:**235 EAST 42ND STREET
NEW YORK, NY 10017-5755 US**FEI Number:** 13-5315170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name KILTS, JAMES M.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name SANGER, STEPHEN W.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name SMITH, JAMES C.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title CEO
Name READ, IAN C.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name JOHNSON, SUZANNE M. NORA
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name FERGUSSON, FRANCES D.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name CORNWELL, W. DON
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title SECRETARY
Name MADDEN, MARGARET M.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

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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: SUSAN GRANT**ASSISTANT SECRETARY** 04/06/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name GRANT, SUSAN
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name HOBBS, HELEN H.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name ECHEVARRIA, JOSEPH J.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name AUSIELLO, DENNIS A.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name BLAYLOCK, RONALD E.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name READ, IAN C.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR
Name NARAYEN, SHANTANU
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5755