

**2015 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 CHIEF EXECUTIVE  
OFFICER/DIRECTOR  
Name READ, C. IAN  
Address 235 EAST 42ND STREET  
City-State-Zip: NEW YORK NY 10017-5755

Title CORPORATE SECRETARY  
Name ADAMS, ATIBA D.  
Address 235 EAST 42ND STREET  
City-State-Zip: NEW YORK NY 10017-5755

Title DIRECTOR  
Name HORNER, CONSTANCE J.  
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 TREASURER  
Name BYALA, BRIAN GAVIN  
Address 235 EAST 42ND STREET  
City-State-Zip: NEW YORK NY 10017-5755

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

Title DIRECTOR  
Name LORCH, GEORGE A.  
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

**Continues on page 2**

*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 04/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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 TESSIER-LAVIGNE, MARC  
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