

2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F96000003380

Entity Name: PFIZER INC.**Current Principal Place of Business:**235 EAST 42ND STREET
NEW YORK, NY 10017-5703**Current Mailing Address:**235 EAST 42ND STREET
NEW YORK, NY 10017-5703 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 BLAYLOCK, RONALD E.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name HOBBS, HELEN H.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name LITTMAN, DR. DAN R.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name KILTS, JAMES M.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name BOURLA, ALBERT
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name ECHEVARRIA, JOSEPH J.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name NARAYEN, SHANTANU
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name JOHNSON, SUZANNE M. NORA
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

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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: GRANT , SUSAN**ASST. SECRETARY****07/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, JAMES C.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title PRESIDENT, CEO
Name BOURLA, ALBERT
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title SECRETARY
Name MADDEN, MARGARET M.
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title ASST. SECRETARY
Name GRANT, SUSAN
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name QUINCEY, JAMES
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name CORNWELL, W. DON
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name GOTTLIEB, SCOTT
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title TREASURER
Name BYALA, BRIAN GAVIN
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title DIRECTOR
Name HOCKFIELD, DR. SUSAN
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703

Title SENIOR VICE PRESIDENT
Name HOGAN, THOMAS J
Address 235 EAST 42ND STREET
City-State-Zip: NEW YORK NY 10017-5703