

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003380

Entity Name: PFIZER INC.**Current Principal Place of Business:**66 HUDSON BOULEVARD EAST
NEW YORK, NY 10001-2192**Current Mailing Address:**66 HUDSON BOULEVARD EAST
NEW YORK, NY 10001-2192 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 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title DIRECTOR
Name HOBBS, HELEN H.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title DIRECTOR
Name LITTMAN, DR. DAN R.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title DIRECTOR
Name JOHNSON, SUZANNE M. NORA
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title CHAIRMAN
Name BOURLA, ALBERT
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title DIRECTOR
Name ECHEVARRIA, JOSEPH J.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title DIRECTOR
Name NARAYEN, SHANTANU
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title DIRECTOR
Name SMITH, JAMES C.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

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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** 04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name MIKAEL M.D., PH.D.,, DOLSTEN
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title SECRETARY
Name MADDEN, MARGARET M.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title ASST. SECRETARY
Name GRANT, SUSAN
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title DIRECTOR
Name QUINCEY, JAMES
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title DIRECTOR
Name GOTTLIEB, SCOTT
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title TREASURER
Name BYALA, BRIAN GAVIN
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title DIRECTOR
Name HOCKFIELD, DR. SUSAN
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192

Title DIRECTOR
Name DESMOND-HELLMANN, SUSAN
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001-2192