

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01551

Entity Name: UNISYS CORPORATION**Current Principal Place of Business:**801 LAKEVIEW DRIVE
SUITE 100
BLUE BELL, PA 19422**Current Mailing Address:**801 LAKEVIEW DRIVE
SUITE 100
BLUE BELL, PA 19422 US**FEI Number:** 38-0387840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT, CEO, DIRECTOR
Name ALTABEF, PETER A
Address 801 LAKEVIEW DRIVE
 SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title TREASURER, VP
Name GUPTA, SHALABH
Address 801 LAKEVIEW DRIVE
 SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name DEBORAH , LEE JAMES
Address 801 LAKEVIEW DRIVE
 SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name DENISE, K FLETCHER
Address 801 LAKEVIEW DRIVE
 SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name JOHN , KRITZMACHER
Address 801 LAKEVIEW DRIVE
 SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name LEE , D ROBERTS
Address 801 LAKEVIEW DRIVE
 SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name MATTHEW , J DESCH
Address 801 LAKEVIEW DRIVE
 SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name NATHANIEL , A DAVIS
Address 801 LAKEVIEW DRIVE
 SUITE 100
City-State-Zip: BLUE BELL PA 19422

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: GARY M. POLIKOFF**AUTHORIZED PERSON****04/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PAUL , E MARTIN
Address 801 LAKEVIEW DRIVE
SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name PHILIPPE , GERMOND
Address 801 LAKEVIEW DRIVE
SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name ROXANNE , K TAYLOR
Address 801 LAKEVIEW DRIVE
SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title ANNUAL REPORT SIGNER
Name POLIKOFF, GARY M.
Address 801 LAKEVIEW DRIVE
SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name TROY , K RICHARDSON
Address 801 LAKEVIEW DRIVE
SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name REGINA , PAOLILLO
Address 801 LAKEVIEW DRIVE
SUITE 100
City-State-Zip: BLUE BELL PA 19422

Title SECRETARY
Name PROHL, KRISTEN
Address 801 LAKEVIEW DRIVE
SUITE 100
City-State-Zip: BLUE BELL PA 19422