2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2025
Secretary of State
2537772378CC

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	Title	TREASURER, VP
Name	ALTABEF, PETER A	Name	GUPTA, SHALABH
Address	801 LAKEVIEW DRIVE SUITE 100	Address	801 LAKEVIEW DRIVE SUITE 100
City-State-Zip:	BLUE BELL PA 19422	City-State-Zip:	BLUE BELL PA 19422
Title	DIRECTOR	Title	DIRECTOR
Name	DEBORAH , LEE JAMES	Name	DENISE, K FLETCHER
Address	801 LAKEVIEW DRIVE SUITE 100	Address	801 LAKEVIEW DRIVE SUITE 100
City-State-Zip:	BLUE BELL PA 19422	City-State-Zip:	BLUE BELL PA 19422
Title	DIRECTOR	Title	DIRECTOR
Name	JOHN , KRITZMACHER	Name	LEE , D ROBERTS
Address	801 LAKEVIEW DRIVE SUITE 100	Address	801 LAKEVIEW DRIVE SUITE 100
City-State-Zip:	BLUE BELL PA 19422	City-State-Zip:	BLUE BELL PA 19422
Title	DIRECTOR	Title	DIRECTOR
Name	MATTHEW , J DESCH	Name	NATHANIEL , A DAVIS
Address	801 LAKEVIEW DRIVE SUITE 100	Address	801 LAKEVIEW DRIVE SUITE 100
City-State-Zip:	BLUE BELL PA 19422	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 POLIKOFF ASSISTANT TREASURER 03/26/2025

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	TROY , K RICHARDSON
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	REGINA , PAOLILLO
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	SECRETARY
Name	PROHL, KRISTEN
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