

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10075

Entity Name: PHILIP MORRIS CAPITAL CORPORATION**Current Principal Place of Business:**225 HIGH RIDGE ROAD
SUITE 300 WEST
STAMFORD, CT 06905**Current Mailing Address:**225 HIGH RIDGE ROAD
SUITE 300 WEST
STAMFORD, CT 06905 US**FEI Number:** 13-3103583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 ASSISTANT SECRETARY
Name LYDE, DONNA N
Address 225 HIGH RIDGE ROAD
SUITE 300 WEST
City-State-Zip: STAMFORD CT 06905

Title DIRECTOR
Name SIMMONS, NEIL A.
Address 225 HIGH RIDGE ROAD
SUITE 300 WEST
City-State-Zip: STAMFORD CT 06905

Title VP
Name RUSSO, ALEX T
Address 225 HIGH RIDGE ROAD
SUITE 300 WEST
City-State-Zip: STAMFORD CT 06905

Title VICE PRESIDENT AND CONTROLLER
Name SPERA, JOHN M
Address 225 HIGH RIDGE ROAD
SUITE 300 WEST
City-State-Zip: STAMFORD CT 06905

Title ASSISTANT SECRETARY
Name CANECO, GREGORY
Address 225 HIGH RIDGE ROAD
SUITE 300 WEST
City-State-Zip: STAMFORD CT 06905

Title SECRETARY
Name BIGELOW, MARY C.
Address 225 HIGH RIDGE ROAD
SUITE 300 WEST
City-State-Zip: STAMFORD CT 06905

Title DIRECTOR
Name TUCKER, JAMES W.
Address 225 HIGH RIDGE ROAD
SUITE 300 WEST
City-State-Zip: STAMFORD CT 06905

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: GREGORY CANECO

ASSISTANT SECRETARY 03/26/2019

Electronic Signature of Signing Officer/Director Detail

Date