

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18368

**Entity Name:** UNISYS WORLD TRADE, INC.**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: NOT APPLICABLE****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, DIRECTOR  
Name           POLIKOFF, GARY M.  
Address        801 LAKEVIEW DRIVE  
                 SUITE 100  
City-State-Zip: BLUE BELL PA 19422

Title            TREASURER, VP, DIRECTOR  
Name           BERESCHAK, JOHN D.  
Address        801 LAKEVIEW DRIVE  
                 SUITE 100  
City-State-Zip: BLUE BELL PA 19422

Title            SECRETARY, VP  
Name           REDDING, N NATASHA  
Address        801 LAKEVIEW DRIVE  
                 SUITE 100  
City-State-Zip: BLUE BELL PA 19422

Title            VP, ASST. TREASURER  
Name           SARKISIAN, EDWARD A.  
Address        801 LAKEVIEW DRIVE  
                 SUITE 100  
City-State-Zip: BLUE BELL PA 19422

Title            VP, ASST. SECRETARY  
Name           GONZALEZ, ALEXANDER  
Address        801 LAKEVIEW DRIVE  
                 SUITE 100  
City-State-Zip: BLUE BELL PA 19422

Title            DIRECTOR, VP, ASST. TREASURER  
Name           BROWN, DAVID L.  
Address        801 LAKEVIEW DRIVE  
                 SUITE 100  
City-State-Zip: BLUE BELL PA 19422

*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: N NATASHA REDDING****SECRETARY****04/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date