

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003380

1. Entity Name

PFIZER INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90011 043 ***150.00

Principal Place of Business

Mailing Address

235 E. 42ND ST.
NEW YORK NY 10017

235 E. 42ND ST.
26 FL. STOP #6
NEW YORK NY 10017-5703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-5315170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME BARETT, BRIAN W
STREET ADDRESS 235 E. 42ND ST.
CITY-ST-ZIP NEW YORK NY 10017 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME BOWLER, M K
STREET ADDRESS 235 E. 42ND ST.
CITY-ST-ZIP NEW YORK NY 10017 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SV
NAME CLEMENTE, C L
STREET ADDRESS 235 E. 42ND ST.
CITY-ST-ZIP NEW YORK NY 10017 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME SHEDLARZ, DAVID L
STREET ADDRESS 235 E 42ND ST
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO
NAME STEERE, WILLIAM C JR
STREET ADDRESS 235 E. 42ND ST.
CITY-ST-ZIP NEW YORK NY 10017 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME FORCIER, GEORGE A
STREET ADDRESS 235 E. 42ND ST.
CITY-ST-ZIP NEW YORK NY 10017 ☒ Delete

TITLE VP, Treasurer
NAME Levin, Alan
STREET ADDRESS 235 E. 42 St
CITY-ST-ZIP New York, NY 10017 ☐ Change ☒ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

212-573-2787

Daytime Phone #