

| | | |
|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>GLOBAL ONE CASH BALANCE PENSION PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>002</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ORANGE BUSINESS SERVICES HOLDINGS U. S. , INC.</u></p> <p><u>11921 FREEDOM PARKWAY</u> <u>SUITE 720</u> <u>RESTON, VA 20190</u></p> | <p>1c Effective date of plan <u>01/01/1997</u></p> <p>2b Employer Identification Number (EIN) <u>58-2261454</u></p> <p>2c Plan Sponsor's telephone number <u>631-468-5826</u></p> <p>2d Business code (see instructions) <u>517000</u></p> |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2025 | BEVERLY LEAF |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 255 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 50 |
| | 6a(2) | 42 |
| | 6b | 31 |
| | 6c | 173 |
| | 6d | 246 |
| | 6e | 0 |
| | 6f | 246 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|------------|
| A Name of plan <u>GLOBAL ONE CASH BALANCE PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ORANGE BUSINESS SERVICES HOLDINGS U. S. , INC.</u> | D Employer Identification Number (EIN) <u>58-2261454</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | | |
|---|----------------------------|---------------------------|--------------------------|--|
| 1 Enter the valuation date: | Month <u>01</u> | Day <u>01</u> | Year <u>2024</u> | |
| 2 Assets: | | | | |
| a Market value | 2a | <u>7289033</u> | | |
| b Actuarial value | 2b | <u>7676049</u> | | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target | |
| a For retired participants and beneficiaries receiving payment | <u>31</u> | <u>1324015</u> | <u>1324015</u> | |
| b For terminated vested participants | <u>174</u> | <u>4907425</u> | <u>4907425</u> | |
| c For active participants | <u>50</u> | <u>1169026</u> | <u>1169026</u> | |
| d Total | <u>255</u> | <u>7400466</u> | <u>7400466</u> | |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | | |
| 5 Effective interest rate | 5 | <u>4.87 %</u> | | |
| 6 Target normal cost | | | | |
| a Present value of current plan year accruals | 6a | <u>0</u> | | |
| b Expected plan-related expenses | 6b | <u>212000</u> | | |
| c Target normal cost | 6c | <u>212000</u> | | |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | |
|--|--|
| SIGN HERE Signature of actuary <u>DAVID H. WEBBER</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>800 NORTH GLEBE ROAD</u> <u>FLOOR 10</u> <u>ARLINGTON, VA 22203-1853</u> Address of the firm | <u>08/12/2025</u> Date <u>23-06137</u> Most recent enrollment number <u>703-258-8000</u> Telephone number (including area code) |
|--|--|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 209959 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | 209959 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of <u>15.66</u> % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 61541 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.97</u> % | | 0 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 9637 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 71178 |
| d | Portion of (c) to be added to prefunding balance | | 63000 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 63000 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 102.87 % |
| 15 | Adjusted funding target attainment percentage | 15 | 103.72 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 98.90 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | | | | | | |
|--|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|--------------|--|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | | | |
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Totals ▶ | 18(b) | | 18(c) | |

| | | | | |
|--|--|---|-----------------------------|--|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 | |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 | |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 | |
| 20 | Quarterly contributions and liquidity shortfalls: | | | |
| a | Did the plan have a "funding shortfall" for the prior year? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c | If line 20a is "Yes," see instructions and complete the following table as applicable: | | | |
| Liquidity shortfall as of end of quarter of this plan year | | | | |
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th | |
| 0 | 0 | 0 | 0 | |

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

| | | | | |
|-------------------------|------------------------|------------------------|------------------------|---|
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | 30 | 0 |

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

| | | |
|--|------------|--------|
| a Target normal cost (line 6c) | 31a | 212000 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 212000 |

| 32 Amortization installments: | Outstanding Balance | Installment |
|---|---------------------|-------------|
| a Net shortfall amortization installment | 0 | 0 |
| b Waiver amortization installment..... | 0 | 0 |

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

| | | |
|---|-----------|---|
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | 34 | 0 |
|---|-----------|---|

| | Carryover balance | Prefunding balance | Total balance |
|--|-------------------|--------------------|---------------|
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

| | | |
|--|------------|---|
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | 38b | |

| | | |
|--|-----------|---|
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... | 39 | 0 |
| 40 Unpaid minimum required contributions for all years | 40 | 0 |

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|--|--|------------|
| A Name of plan GLOBAL ONE CASH BALANCE PENSION PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ORANGE BUSINESS SERVICES HOLDINGS U. S. , INC. | D Employer Identification Number (EIN) 58-2261454 | |

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE RPS, INC.

52-1714114

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TRUTMAN PEPPER HAMILTON SANDERSLLP

58-0946915

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50 | NONE | 32480 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

MERCER INVESTMENT CONSULTING, LLC

61-0736136

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50 16 | NONE | 27520 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

T. ROWE PRICE RPS, INC.

52-1714114

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50 64 | NONE | 20055 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CITRIN COOPERMAN AND COMPANY LLP

22-2428965

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50 | NONE | 19995 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

WILLIS TOWERS WATSON US LLC

23-1159360

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 50 | NONE | 17000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| | | |
|--|---|--|
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan GLOBAL ONE CASH BALANCE PENSION PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ORANGE BUSINESS SERVICES HOLDINGS U. S. , INC. | D Employer Identification Number (EIN) 58-2261454 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | (a) Beginning of Year | (b) End of Year |
|---|------------------------------|------------------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | 120375 |
| (2) Participant contributions | 1b(2) | 0 |
| (3) Other | 1b(3) | 262 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 45519 |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 7124549 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | |
| (15) Other..... | 1c(15) | 7423717 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 7290705 | 7469807 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 7290705 | 7469807 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 4890 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 4890 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 171488 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 171488 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 529056 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 705434 |

Expenses

| | | | |
|--|--------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 361352 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 361352 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 20055 | |
| (4) IQPA audit fees | 2i(4) | 19995 | |
| (5) Investment advisory and investment management fees | 2i(5) | 32317 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 17000 | |
| (8) Legal fees | 2i(8) | 32480 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 43133 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 164980 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 526332 |

Net Income and Reconciliation

| | | | |
|--|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | 179102 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CITRIN COOPERMAN AND COMPANY LLP

(2) EIN: 22-2428965

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 1500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------------|---------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550311.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>GLOBAL ONE CASH BALANCE PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORANGE BUSINESS SERVICES HOLDINGS U. S. , INC.</u> | D Employer Identification Number (EIN) <u>58-2261454</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 58-1428634

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | | |
|---|--|---|
| 3 | | 8 |
|---|--|---|

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|---|-----------|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

| | |
|----------------|---|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | 16b | |

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Global One Cash Balance Pension Plan

Financial Statements and
Supplemental Schedules

December 31, 2024 and 2023

Global One Cash Balance Pension Plan

December 31, 2024 and 2023

Table of Contents

| | |
|--|----|
| Independent Auditor's Report | 1 |
| Statements of Net Assets Available for Benefits | 6 |
| Statements of Changes in Net Assets Available for Benefits | 7 |
| Statement of Accumulated Plan Benefits | 8 |
| Statement of Changes in Accumulated Plan Benefits | 9 |
| Notes to the Financial Statements | 10 |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 17 |
| Schedule H, Line 4j - Schedule of Reportable Transactions | 18 |



Citrin Cooperman & Company, LLP
Certified Public Accountants

50 Rockefeller Plaza
New York, NY 10020
T 212.697.1000 F 212.202.5107
citrincooperman.com

Independent Auditor's Report

To the Trustee Committee
Global One Cash Balance Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Global One Cash Balance Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Global One Cash Balance Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Global One Cash Balance Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Global One Cash Balance Pension Plan's ability to continue as a going concern for one year following the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Global One Cash Balance Pension Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Global One Cash Balance Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

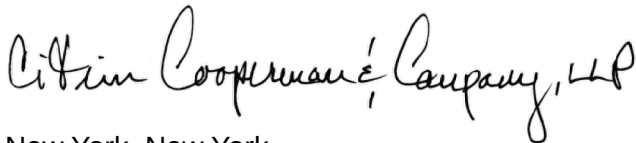
Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024, and schedule H, line 4j - schedule of reportable transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



New York, New York
October 13, 2025

Global One Cash Balance Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

| | 2024 | 2023 |
|--|------------------|------------------|
| Assets | | |
| Investments | | |
| Investments at fair value | \$ 7,469,601 | \$ 7,170,068 |
| Receivables | | |
| Employer contributions | - | 120,375 |
| Accrued interest | 206 | 262 |
| Total receivables | 206 | 120,637 |
| Total assets | 7,469,807 | 7,290,705 |
| Net assets available for benefits | \$ 7,469,807 | \$ 7,290,705 |

See accompanying notes to the financial statements.

Global One Cash Balance Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|---|---------------------|---------------------|
| Additions | | |
| Investment income | | |
| Interest and dividends | \$ 176,378 | \$ 177,285 |
| Net appreciation in fair value of investments | 529,056 | 843,289 |
| Total investment income | <u>705,434</u> | <u>1,020,574</u> |
| Contributions | | |
| Employer contributions | - | 120,375 |
| Total additions | <u>705,434</u> | <u>1,140,949</u> |
| | | |
| Deductions | | |
| Benefits paid to participants | 361,352 | 449,764 |
| Administrative expenses | 164,980 | 285,738 |
| Total deductions | <u>526,332</u> | <u>735,502</u> |
| | | |
| Net increase | 179,102 | 405,447 |
| | | |
| Net assets available for benefits | | |
| Beginning of year | <u>7,290,705</u> | <u>6,885,258</u> |
| End of year | <u>\$ 7,469,807</u> | <u>\$ 7,290,705</u> |

See accompanying notes to the financial statements.

Global One Cash Balance Pension Plan

Statement of Accumulated Plan Benefits

December 31, 2024

Actuarial present value of accumulated plan benefits

Vested benefits

| | |
|---|----------------------------|
| Retired | \$ 1,222,620 |
| Other participants | 5,727,609 |
| Total actuarial present value of accumulated plan benefits | <u>\$ 6,950,229</u> |

See accompanying notes to the financial statements.

Global One Cash Balance Pension Plan
Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2024

| | |
|--|----------------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | <u>\$ 6,915,146</u> |
| Increase (decrease) during the year attributable to | |
| Actuarial losses | (41,490) |
| Interest due to decrease in discount period | 437,925 |
| Benefits paid | <u>(361,352)</u> |
| Net increase | <u>35,083</u> |
| Actuarial present value of accumulated plan benefits at end of year | <u><u>\$ 6,950,229</u></u> |

See accompanying notes to the financial statements.

Global One Cash Balance Pension Plan

Notes to the Financial Statements

December 31, 2024 and 2023

1. DESCRIPTION OF PLAN

The following description of the Global One Cash Balance Pension Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory cash balance defined benefit plan established effective January 1, 1997, and as restated January 1, 2015. The Plan covers certain eligible employees of Global One Communications, L.L.C. (Global One). The Plan was frozen effective December 31, 2001. As of the date the Plan was frozen, no additional employees were eligible to join the Plan. Orange Business Services Holdings U.S., Inc. (the Company) is the plan sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension benefits - Pay-based credits were added to participant accounts under the Plan as of December 31 of each year prior to 2002 based on completed years of service as of the previous January 1. The pay-based credit amount was calculated as a percentage of a participant's "eligible compensation." Commencing January 1, 2002, only interest credits are added to the participant accounts.

If a participant is a former employee of Sprint Corporation (Sprint) who (i) participated in the Sprint Pension Plan on December 31, 1996, (ii) became a participant in the Plan on January 1, 1997, and (iii) was at least 50 years old as of January 1, 1997, he or she may be eligible for a grandfathered benefit [i.e., the greater of (a) 1.5 percent of career average pay or (b) the formula under the Plan, each calculated as of December 31, 2001].

Eligible participants are entitled to annual pension benefits beginning at normal retirement age (65). The Plan permits early retirement beginning at age 55 for employees with 10 or more years of service.

Participants may elect to receive their pension benefits as a single life annuity, if the participant has no spouse. Otherwise, benefits are paid in the form of a qualified 50 percent joint and survivor annuity or optional lump sum payment or a 100 percent, 75 percent (married participants only) or 50 percent contingent annuitant benefit.

Death and disability benefits - If a participant dies after his or her benefit commencement date, no benefits are payable with respect to the participant other than the survivor benefits, if any, provided under the benefit from in which the participant's benefits were being paid at the date of his or her death.

Global One Cash Balance Pension Plan

Notes to the Financial Statements

December 31, 2024 and 2023

If a participant dies while in employment, his or her cash balance account becomes fully vested. If a participant dies before his or her benefit commencement date (whether or not he or she has previously ceased to be an employee of the Company), a death benefit equal to the value of the participant's vested accrued benefit is paid to his or her beneficiary. If an active employee becomes disabled prior to age 65, his or her accrued benefit will become fully vested and non-forfeitable.

A disabled participant who ceases to be an employee of the Company on or before the attainment of age 65 may begin receiving retirement benefits in accordance with the terms of the Plan. Benefit interest credits continue until the earlier of (a) the participant no longer being disabled, (b) the participant's normal retirement age, (c) the participant's request for a distribution of benefits after ceasing to be an employee or (d) the participant's death.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of accounting - The accompanying financial statements were prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates - The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 11 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits - Benefits payments to participants are recorded upon distribution.

Administrative expenses - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Global One Cash Balance Pension Plan

Notes to the Financial Statements

December 31, 2024 and 2023

Subsequent events - Subsequent events were evaluated through October 13, 2025, the date the financial statements were available to be issued.

3. FUNDING POLICY

The Company's funding policy is to make annual contributions to the Plan in amounts that are equal to at least the minimum contributions required under ERISA. The Company's contributions for the years ended December 31, 2024 and 2023, amounted to \$- and \$120,375, respectively.

The Company may increase its contribution above the minimum if appropriate to its tax and cash position and the Plan's funded position.

4. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

5. INFORMATION CERTIFIED BY TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, U.S. Bank, N.A., the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023 and the information reported in the supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024.

6. PLAN TERMINATION

Although the Company has no intention of doing so, it maintains the right to discontinue its contributions at any time and to terminate the Plan at any time subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder and the plan document.

Global One Cash Balance Pension Plan

Notes to the Financial Statements

December 31, 2024 and 2023

Whether all participants receive their accumulated Plan benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Company and the levels of benefits guaranteed by the Pension Benefit Guaranty Corp. (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be paid.

7. ADMINISTRATION OF PLAN

The Plan is administered by a Pension and Savings Committee (the Committee) consisting of three or more persons (who may but need not be employees of the Company or a participating employer). The Committee may appoint a Benefit Administrative Committee to certify benefit payments or to handle other of its duties under the Plan. Effective January 1, 2006, the duties to establish, maintain, amend, terminate and administer the Plan were delegated to the Orange Business Services Benefit Plans Administrative Committee. U.S. Bank, N.A. has been named a trustee of the Plan, and T. Rowe Price Retirement Plan Services, Inc. (T. Rowe Price) was named as the record keeper.

8. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated August 25, 2016, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

9. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan's investments are administered under a contract with T. Rowe Price or its affiliates. Contributions are held and managed by U.S. Bank, N.A., who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

Global One Cash Balance Pension Plan

Notes to the Financial Statements

December 31, 2024 and 2023

10. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences. The significant actuarial assumptions used in the valuation were:

| Assumption | December 31, 2024 |
|--------------------------------------|---|
| Discount rate | 6.50% |
| Mortality | Based on life expectancy of participants [the Society of Actuaries' Pri-2012 (male and female) with white collar adjustment, projected with Scale MP-2019 with generational projection] |
| Retirement age | Based on specific rates by age |
| Cash balance interest crediting rate | 5.5%, based on 3-month average yield on 1-year Treasury rates for the months August, September, and October of the previous calendar year, with a minimum interest credit rate of 5% |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Global One Cash Balance Pension Plan

Notes to the Financial Statements

December 31, 2024 and 2023

11. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2024 and 2023.

Mutual funds and money market fund: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Global One Cash Balance Pension Plan

Notes to the Financial Statements

December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024

| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|---|---------------------|----------------|----------------|---------------------|
| Money market funds | \$ 45,884 | \$ - | \$ - | \$ 45,884 |
| Mutual funds | 7,423,717 | - | - | 7,423,717 |
| Total assets in the fair value hierarchy | <u>7,469,601</u> | <u>-</u> | <u>-</u> | <u>7,469,601</u> |
| Total investments at fair value | <u>\$ 7,469,601</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 7,469,601</u> |

Assets at Fair Value as of December 31, 2023

| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|---|---------------------|----------------|----------------|---------------------|
| Money market funds | \$ 45,519 | \$ - | \$ - | \$ 45,519 |
| Mutual funds | 7,124,549 | - | - | 7,124,549 |
| Total assets in the fair value hierarchy | <u>7,170,068</u> | <u>-</u> | <u>-</u> | <u>7,170,068</u> |
| Total investments at fair value | <u>\$ 7,170,068</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 7,170,068</u> |

Supplemental Schedules

Global One Cash Balance Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 58-2261454 Plan Number: 002

December 31, 2024

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Shares or rate of Interest | (e) Cost | (f) Current value |
|-----|---|---|-----------------------------------|---------------------|----------------------|
| | First American Government Obligation | Money market fund | 45,884 | \$ 45,884 | \$ 45,884 |
| * | T. Rowe Price Small Cap Value Fund | Mutual fund | 16,241 | 673,365 | 854,950 |
| | Hartford Schroders Emerging Markets | Mutual fund | 66,105 | 1,014,798 | 1,099,989 |
| * | T. Rowe Price High Yield Income Fund | Mutual fund | 98,063 | 598,901 | 579,552 |
| | American Europacific Growth Fund (R6) | Mutual fund | 30,570 | 1,467,903 | 1,642,210 |
| | Vanguard Fixed Income Long-Term Investment Grade Fund | Mutual fund | 158,518 | 1,642,436 | 1,193,641 |
| | Vanguard Institutional Index Fund | Mutual fund | 4,288 | 1,469,215 | 2,053,375 |
| | | | | <u>\$ 6,912,502</u> | <u>\$ 7,469,601</u> |

*A party in interest as defined by ERISA.

See independent auditor's report.

Global One Cash Balance Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 58-2261454 Plan Number: 002

For the Year Ended December 31, 2024

| Series | (a) Identity of party involved | (b) Description of asset | (c) | (d) | (e) Cost | (f) | (g) Net gain/(loss) |
|--------------|---|--------------------------|----------------|---------------|------------|--|---------------------|
| | | | Purchase price | Selling price | | Current value of asset on transaction date | |
| Transactions | First American Government Obligation Fund | Money market fund | \$ 526,803 | \$ - | \$ 526,803 | \$ 526,803 | \$ - |
| | First American Government Obligation Fund | Money market fund | - | 526,439 | 526,439 | 526,439 | - |

*Denotes a party in interest.

See independent auditor's report.

Global One Cash Balance Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 58-2261454 Plan Number: 002

For the Year Ended December 31, 2024

| Series | (a) Identity of party involved | (b) Description of asset | (c) | (d) | (e) Cost | (f) | (g) Net gain/(loss) |
|--------------|---|--------------------------|----------------|---------------|------------|--|---------------------|
| | | | Purchase price | Selling price | | Current value of asset on transaction date | |
| Transactions | First American Government Obligation Fund | Money market fund | \$ 526,803 | \$ - | \$ 526,803 | \$ 526,803 | \$ - |
| | First American Government Obligation Fund | Money market fund | - | 526,439 | 526,439 | 526,439 | - |

*Denotes a party in interest.

See independent auditor's report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2024

Retirement rates varying by age are listed below.

| Age | Rate |
|-------|------|
| 55-61 | 0.04 |
| 62 | 0.25 |
| 63-64 | 0.15 |
| 65 | 0.5 |
| 66 | 0.4 |
| 67 | 1.0 |

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The Plan's weighted average retirement age of 64 is the arithmetic average of the expected retirement ages of all such participants on January 1, 2024.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|-----|
| A Name of plan GLOBAL ONE CASH BALANCE PENSION PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ORANGE BUSINESS SERVICES HOLDINGS U.S., INC. | D Employer Identification Number (EIN) 58-2261454 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

| | | |
|--------------------------------|-----------|-----------|
| 2 Assets: | | |
| a Market value | 2a | 7,289,033 |
| b Actuarial value | 2b | 7,676,049 |

| | | | |
|---|----------------------------|---------------------------|--------------------------|
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | 31 | 1,324,015 | 1,324,015 |
| b For terminated vested participants | 174 | 4,907,425 | 4,907,425 |
| c For active participants | 50 | 1,169,026 | 1,169,026 |
| d Total | 255 | 7,400,466 | 7,400,466 |

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

| | | |
|---|-----------|--|
| a Funding target disregarding prescribed at-risk assumptions | 4a | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |

5 Effective interest rate **5** 4.87%

| | | |
|--|-----------|---------|
| 6 Target normal cost | | |
| a Present value of current plan year accruals | 6a | 0 |
| b Expected plan-related expenses | 6b | 212,000 |
| c Target normal cost | 6c | 212,000 |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|------------------|--------------------------|--------------------------------|
| SIGN HERE | Signature of actuary | <u>August 12, 2025</u> Date |
|------------------|--------------------------|--------------------------------|

| | |
|-------------------------------|-------------------------------|
| David H. Webber | 2306137 |
| Type or print name of actuary | Most recent enrollment number |

| | |
|-----------------------------|--|
| Willis Towers Watson US LLC | 703-258-8000 |
| Firm name | Telephone number (including area code) |

800 North Glebe Road
 Floor 10
 Arlington, VA 22203-1853
 Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| Part II | Beginning of Year Carryover and Prefunding Balances | (a) Carryover balance | (b) Prefunding balance |
|---------|---|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 209,959 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 209,959 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of <u>15.66%</u> | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 61,541 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.97%</u> | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 9,637 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 71,178 |
| | d Portion of (c) to be added to prefunding balance | | 63,000 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) | 0 | 63,000 |

| Part III | Funding Percentages | | |
|----------|--|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 102.87% |
| 15 | Adjusted funding target attainment percentage | 15 | 103.72% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 98.90% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV | Contributions and Liquidity Shortfalls | | | | | |
|---|--|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | | |
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals ▶ | | | 18(b) | 0 | 18(c) | 0 |

| | | | |
|---|------------|--|---|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | | |
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | | 0 |
| 20 Quarterly contributions and liquidity shortfalls: | | | |
| a Did the plan have a "funding shortfall" for the prior year? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c If line 20a is "Yes," see instructions and complete the following table as applicable: | | | |

| Liquidity shortfall as of end of quarter of this plan year | | | | |
|--|---------|---------|---------|---|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th | |
| 0 | 0 | 0 | 0 | 0 |

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

| | | | | |
|---|-----------------------|-----------------------|-----------------------|---|
| a Segment rates: | 1st segment: 4.75% | 2nd segment: 4.87% | 3rd segment: 5.59% | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 4 |

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | 0 |

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

| | | |
|--|------------|---------|
| a Target normal cost (line 6c)..... | 31a | 212,000 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 212,000 |

32 Amortization installments:

| | Outstanding Balance | Installment |
|---|---------------------|-------------|
| a Net shortfall amortization installment | 0 | 0 |
| b Waiver amortization installment | 0 | 0 |

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

| | Carryover balance | Prefunding balance | Total balance |
|--|-------------------|--------------------|---------------|
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

| | | |
|---|------------|---|
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 |

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

| | |
|--------------------------|--|
| Plan Sponsor | Orange Business Services Holdings U.S., Inc. |
| EIN/PN | 58-2261454/002 |
| Plan Name | Global One Cash Balance Pension Plan |
| Valuation Date | January 1, 2024 |
| Enrolled Actuary | David H. Webber |
| Enrollment Number | 23-06137 |

The actuarial assumptions that are not mandated by IRC § 430 and regulations represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation on which the information in this Schedule SB is based has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2024

Retirement rates varying by age are listed below.

| Age | Rate |
|-------|------|
| 55-61 | 0.04 |
| 62 | 0.25 |
| 63-64 | 0.15 |
| 65 | 0.5 |
| 66 | 0.4 |
| 67 | 1.0 |

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The Plan's weighted average retirement age of 64 is the arithmetic average of the expected retirement ages of all such participants on January 1, 2024.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

| | |
|---------------------|-----------------|
| Applicable month | September 2023 |
| Interest rate basis | 3-Segment Rates |

Interest rates:

| | Reflecting Corridors | Not Reflecting Corridors |
|-------------------------|----------------------|--------------------------|
| First segment rate | 4.75% | 3.62% |
| Second segment rate | 4.87% | 4.46% |
| Third segment rate | 5.59% | 4.52% |
| Effective interest rate | 4.87% | 4.27% |

Cash balance interest crediting rate 5.00%

Annual rates of increase

| | |
|-----------------------------------|-----|
| Compensation | N/A |
| Future Social Security wage bases | N/A |
| Statutory limits on compensation | N/A |

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Termination Rates varying by age

Representative Rates

| Attained Age | Rate |
|--------------|-------|
| 25 | 12.5% |
| 35 | 8.0% |
| 45 | 4.5% |
| 55* | 0.5% |

*Turnover is assumed to be zero when eligible for retirement.

Disability Rates varying by age and sex. At sample ages, disablements per 1,000 participants are:

Representative Rates

| Age | Males | Females |
|-----|--------|---------|
| 30 | 1.200 | 1.800 |
| 35 | 1.275 | 1.915 |
| 40 | 1.470 | 2.205 |
| 45 | 1.975 | 2.965 |
| 50 | 3.565 | 5.350 |
| 55 | 6.810 | 10.215 |
| 60 | 13.800 | 20.700 |

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age

Representative Rates

| Age | Rate |
|-------|------|
| 55-61 | 4% |
| 62 | 25% |
| 63-64 | 15% |
| 65 | 50% |
| 66 | 40% |
| 67 | 100% |

Benefit commencement date:

| | |
|-----------------------------|--------------------------------------|
| Preretirement death benefit | Upon death of the active participant |
| Deferred vested benefit | Upon termination of employment |
| Disability benefit | Upon disablement |
| Retirement benefit | Upon termination of employment |

Form of payment

Lump sum upon retirement, termination, death, or disability. One-third of the participants are assumed to take lump sum immediately upon aforementioned event (or within a year); one-third are assumed to take lump sum at age 60; and the rest defer their lump sum until age 65.

Administrative expenses

\$212,000

Loads

None

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.

Methods

Valuation date

First day of plan year

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

| | |
|----------------------------------|--|
| Funding target | Present value of accrued benefits as required by regulations under IRC §430. |
| Target normal cost | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| Actuarial value of assets | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| Benefits not valued | All benefits described in the Plan Provisions were valued. WTW has reviewed the plan provisions and, based on that review, is not aware of any significant benefits required to be valued that were not. |

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024 (through its third party administrator), information on assets (through its trustee), contributions, and plan provisions. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. No assumptions were needed for missing or apparently inconsistent data elements.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

| | |
|---|---|
| Discount rate | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time. |
| Cash balance interest crediting rate | The plan credits interest to cash balance accounts using the 3-month average yield on 1-year Treasury rates for the months of August, September, and October of the previous calendar year, rounded up to 0.25% (or the applicable interest rate, if smaller), but with a minimum interest credit rate of 5.00%. Our long term estimate of the 3-month average yield on 1-year Treasury rates for the time horizon affecting plan liabilities is below 5.00% based on a combination of current conditions, past history, and future economic expectations. However, for 2024, the interest crediting rate exceeds 5.00% based on the above formula. |
| Administrative expense | Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like the actual expenses paid from the trust the preceding year. We believe that this approach to setting assumed future expenses does not significantly conflict with what would be reasonable because it considers both historical and expected future changes in the level of expenses. |

Assumptions Rationale - Significant Demographic Assumptions

| | |
|--|--|
| Healthy mortality | Assumptions are as prescribed by IRC §430(h). |
| Retirement, termination, and disability | Rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by experience patterns different than assumed. Experience since adoption of the in-service retirement option was also reviewed. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable. |

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date The benefit commencement date is based on an assumption study performed in 2018 and represents a best estimate of future experience. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Form of payment The percentage of retiring participants assumed to take lump sums is based on an assumption study performed in 2018 and represents a best estimate of future experience. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Prescribed Methods

Funding methods The methods used for funding purposes as described herein, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods and other matters since prior valuation

- The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.
- The required mortality table used to calculate the funding target and normal cost was updated to reflect the latest mortality table, as required by guidance issued by IRS under IRC §430.
- Assumed plan-related expenses were changed from \$254,000 to \$212,000.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan provisions

The most recent amendment reflected in the following plan provisions was adopted on June 19, 2023 and effective August 1, 2023.

| | |
|---------------------------|--|
| Covered employees | All employees |
| Participation date | <p>All employees who were employed on January 1, 1997 and were participants in the Prior Plan on December 31, 1996 became participants as of January 1, 1997.</p> <p>All other employees became participants as of the first day of the month which includes the date they completed one year of service.</p> <p>Effective December 31, 2001, eligibility for Plan membership was closed to new employees.</p> |

Definitions

| | |
|-------------------------------------|--|
| Year of service | A plan year during which 1,000 or more hours is credited for the employer (service is counted prior to January 1, 1997 for participants of the Prior Plan). |
| Eligible compensation | Compensation paid by Orange Business Services modified to exclude overtime, deferred compensation, reimbursement for expenses and taxable fringe benefits. Pay is limited to \$150,000 pay cap with adjustments. |
| Normal retirement date (NRD) | First of month coinciding with or next following the attainment of age 65. |
| Early retirement date (ERD) | Date on which a participant has attained age 55 and is credited with at least ten years of service. |
| Benefit commencement date | First date for which a benefit under the plan is paid as an annuity or any other form. |

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Account balance

The accumulated amounts credited on the last day of each calendar year of participation equal to the sum of:

- (i) Percentage of the annual earnings based on completed years of service as follows:

| Completed Years of Benefit Service as of the First Day of the Plan Year | Pay-Based Credit Percentage |
|---|-----------------------------|
| Less than 5 | 3.0% |
| 5-9 | 4.0% |
| 10-14 | 5.0% |
| 15-19 | 6.5% |
| 20-24 | 8.5% |
| 25 or more | 11.0% |

Effective December 31, 2001, pay-based credits in the Plan ceased.

- (ii) The year's beginning account balance accumulated with interest based on interest crediting rate (one-year Treasury constant maturities averaged for the months of August, September and October of the preceding calendar year rounded up to the nearest 0.25%; provided the average will not exceed the Applicable Interest Rate for the month of November of the preceding year and, notwithstanding the above, will not be less than 5%)

Monthly accrued benefit

The Participant's Account Balance as of the determination date projected to age 65 (based on interest crediting rate) and converted to an age 65 single life annuity (based on lump sum/annuity conversion factor).

Conversion basis

The IRC §417(e) basis with one year stability period and November look-back month is used for the lump sum / annuity conversion.

Monthly postretirement spouse benefit

Account Balance as of determination date projected to age 65 and converted to an age 65 single life annuity and reduced for payment prior to age 65.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for benefits

| | |
|------------------------------------|--|
| Normal retirement | Retirement on Normal Retirement Date (NRD). |
| Early retirement | Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service. |
| Postponed retirement | Retirement after NRD. |
| Vested termination | Termination for reasons other than death or retirement after completing five years of vesting service. |
| Disability | An active participant who becomes totally and permanently disabled prior to attaining NRD. |
| Preretirement death benefit | Death before benefit commencement date. |

Benefits paid upon the following events

| | |
|------------------------------|---|
| Normal retirement | Monthly accrued benefit or lump sum benefit determined as of NRD. |
| Early retirement | Monthly accrued benefit determined as of Early Retirement Date reduced 5% per year to age 55. |
| Postponed retirement | Monthly pension benefit determined as of actual retirement date |
| Vested termination | Monthly accrued benefit payable at NRD, reduced 5% for each year of payment before age 65 if eligible for Early Retirement, otherwise reduced by a factor based on actuarial equivalence for ages before 65. |
| Disability retirement | Monthly accrued benefit with benefit credits and interest credits continuing until the earlier of (a) Participant is no longer disabled; (b) reaches normal retirement age; (c) Participant's request for benefits after termination; or (d) his death. |

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death

If the beneficiary is someone other than the Participant's Spouse, a single lump sum payment equal to the Participant's lump sum accrued benefit amount will be paid following the month in which the Participant's death occurs.

If the beneficiary is the Participant's Spouse, the beneficiary is entitled to a level monthly annuity for life. The benefit is the Actuarial Equivalent of the Participant's lump sum accrued benefit amount at the date benefit payments to the Spouse Beneficiary commence. The Spouse may also elect a lump sum distribution.

Other plan provisions

Forms of payment

Monthly accrued benefits are paid as a single life annuity, if the participant has no spouse as of the date benefit payments begin. Otherwise, benefits are paid in the form of a qualified 50% joint and survivor annuity. Optional forms are lump sum payment, level monthly annuity, and 50%, 75%, or 100% contingent annuitant benefits.

Lump sum accrued benefit amount

Lump sum benefits are payable for all the events. The lump sum amount is the account balance at the benefit commencement date (or the lump sum equivalent of the monthly accrued benefit payable at the later of NRD and commencement, if greater).

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Actuarial equivalence

The IRC §417(e) basis with one-year stability period and November look-back month is used for the following:

- Converting the age 65 projected cash balance account to a life annuity
- Converting the life annuity to contingent annuities

Pension increases

None

Plan participants' contributions

None

Future plan changes

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

No future plan changes were recognized.

Changes in benefits valued since prior year

The plan was amended effective August 1, 2023 to permit in-service distributions for participants age 59.5 or older.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

| Attained Age | Attained Years of Credited Service ¹ | | | | | | | | | | Total | |
|--------------|---|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|----|
| | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | | |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40-44 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 45-49 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| 50-54 | 0 | 9 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 |
| 55-59 | 0 | 10 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16 |
| 60-64 | 0 | 5 | 4 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 12 |
| 65-69 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 32 | 11 | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 50 |

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Global One Cash Balance Pension Plan
 EIN / PN: 58-2261454/002
 Plan Sponsor: Orange Business Services Holdings U.S., Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

| Attained Age | Attained Years of Credited Service ¹ | | | | | | | | | | Total | |
|--------------|---|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|----|
| | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | | |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40-44 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 45-49 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| 50-54 | 0 | 9 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 |
| 55-59 | 0 | 10 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16 |
| 60-64 | 0 | 5 | 4 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 12 |
| 65-69 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 32 | 11 | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 50 |

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Global One Cash Balance Pension Plan
 EIN / PN: 58-2261454/002
 Plan Sponsor: Orange Business Services Holdings U.S., Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

| | |
|---------------------|-----------------|
| Applicable month | September 2023 |
| Interest rate basis | 3-Segment Rates |

Interest rates:

| | Reflecting Corridors | Not Reflecting Corridors |
|-------------------------|----------------------|--------------------------|
| First segment rate | 4.75% | 3.62% |
| Second segment rate | 4.87% | 4.46% |
| Third segment rate | 5.59% | 4.52% |
| Effective interest rate | 4.87% | 4.27% |

Cash balance interest crediting rate 5.00%

Annual rates of increase

| | |
|-----------------------------------|-----|
| Compensation | N/A |
| Future Social Security wage bases | N/A |
| Statutory limits on compensation | N/A |

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Termination Rates varying by age

Representative Rates

| Attained Age | Rate |
|--------------|-------|
| 25 | 12.5% |
| 35 | 8.0% |
| 45 | 4.5% |
| 55* | 0.5% |

*Turnover is assumed to be zero when eligible for retirement.

Disability Rates varying by age and sex. At sample ages, disablements per 1,000 participants are:

Representative Rates

| Age | Males | Females |
|-----|--------|---------|
| 30 | 1.200 | 1.800 |
| 35 | 1.275 | 1.915 |
| 40 | 1.470 | 2.205 |
| 45 | 1.975 | 2.965 |
| 50 | 3.565 | 5.350 |
| 55 | 6.810 | 10.215 |
| 60 | 13.800 | 20.700 |

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age

Representative Rates

| Age | Rate |
|-------|------|
| 55-61 | 4% |
| 62 | 25% |
| 63-64 | 15% |
| 65 | 50% |
| 66 | 40% |
| 67 | 100% |

Benefit commencement date:

| | |
|-----------------------------|--------------------------------------|
| Preretirement death benefit | Upon death of the active participant |
| Deferred vested benefit | Upon termination of employment |
| Disability benefit | Upon disablement |
| Retirement benefit | Upon termination of employment |

Form of payment

Lump sum upon retirement, termination, death, or disability. One-third of the participants are assumed to take lump sum immediately upon aforementioned event (or within a year); one-third are assumed to take lump sum at age 60; and the rest defer their lump sum until age 65.

Administrative expenses

\$212,000

Loads

None

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.

Methods

Valuation date

First day of plan year

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

| | |
|----------------------------------|--|
| Funding target | Present value of accrued benefits as required by regulations under IRC §430. |
| Target normal cost | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| Actuarial value of assets | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| Benefits not valued | All benefits described in the Plan Provisions were valued. WTW has reviewed the plan provisions and, based on that review, is not aware of any significant benefits required to be valued that were not. |

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024 (through its third party administrator), information on assets (through its trustee), contributions, and plan provisions. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. No assumptions were needed for missing or apparently inconsistent data elements.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

| | |
|---|---|
| Discount rate | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time. |
| Cash balance interest crediting rate | The plan credits interest to cash balance accounts using the 3-month average yield on 1-year Treasury rates for the months of August, September, and October of the previous calendar year, rounded up to 0.25% (or the applicable interest rate, if smaller), but with a minimum interest credit rate of 5.00%. Our long term estimate of the 3-month average yield on 1-year Treasury rates for the time horizon affecting plan liabilities is below 5.00% based on a combination of current conditions, past history, and future economic expectations. However, for 2024, the interest crediting rate exceeds 5.00% based on the above formula. |
| Administrative expense | Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like the actual expenses paid from the trust the preceding year. We believe that this approach to setting assumed future expenses does not significantly conflict with what would be reasonable because it considers both historical and expected future changes in the level of expenses. |

Assumptions Rationale - Significant Demographic Assumptions

| | |
|--|--|
| Healthy mortality | Assumptions are as prescribed by IRC §430(h). |
| Retirement, termination, and disability | Rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by experience patterns different than assumed. Experience since adoption of the in-service retirement option was also reviewed. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable. |

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date The benefit commencement date is based on an assumption study performed in 2018 and represents a best estimate of future experience. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Form of payment The percentage of retiring participants assumed to take lump sums is based on an assumption study performed in 2018 and represents a best estimate of future experience. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Prescribed Methods

Funding methods The methods used for funding purposes as described herein, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods and other matters since prior valuation

- The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.
- The required mortality table used to calculate the funding target and normal cost was updated to reflect the latest mortality table, as required by guidance issued by IRS under IRC §430.
- Assumed plan-related expenses were changed from \$254,000 to \$212,000.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

| | |
|--------------------------|--|
| Plan Sponsor | Orange Business Services Holdings U.S., Inc. |
| EIN/PN | 58-2261454/002 |
| Plan Name | Global One Cash Balance Pension Plan |
| Valuation Date | January 1, 2024 |
| Enrolled Actuary | David H. Webber |
| Enrollment Number | 23-06137 |

The actuarial assumptions that are not mandated by IRC § 430 and regulations represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation on which the information in this Schedule SB is based has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan provisions

The most recent amendment reflected in the following plan provisions was adopted on June 19, 2023 and effective August 1, 2023.

| | |
|---------------------------|--|
| Covered employees | All employees |
| Participation date | <p>All employees who were employed on January 1, 1997 and were participants in the Prior Plan on December 31, 1996 became participants as of January 1, 1997.</p> <p>All other employees became participants as of the first day of the month which includes the date they completed one year of service.</p> <p>Effective December 31, 2001, eligibility for Plan membership was closed to new employees.</p> |

Definitions

| | |
|-------------------------------------|--|
| Year of service | A plan year during which 1,000 or more hours is credited for the employer (service is counted prior to January 1, 1997 for participants of the Prior Plan). |
| Eligible compensation | Compensation paid by Orange Business Services modified to exclude overtime, deferred compensation, reimbursement for expenses and taxable fringe benefits. Pay is limited to \$150,000 pay cap with adjustments. |
| Normal retirement date (NRD) | First of month coinciding with or next following the attainment of age 65. |
| Early retirement date (ERD) | Date on which a participant has attained age 55 and is credited with at least ten years of service. |
| Benefit commencement date | First date for which a benefit under the plan is paid as an annuity or any other form. |

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Account balance

The accumulated amounts credited on the last day of each calendar year of participation equal to the sum of:

- (i) Percentage of the annual earnings based on completed years of service as follows:

| Completed Years of Benefit Service as of the First Day of the Plan Year | Pay-Based Credit Percentage |
|---|-----------------------------|
| Less than 5 | 3.0% |
| 5-9 | 4.0% |
| 10-14 | 5.0% |
| 15-19 | 6.5% |
| 20-24 | 8.5% |
| 25 or more | 11.0% |

Effective December 31, 2001, pay-based credits in the Plan ceased.

- (ii) The year's beginning account balance accumulated with interest based on interest crediting rate (one-year Treasury constant maturities averaged for the months of August, September and October of the preceding calendar year rounded up to the nearest 0.25%; provided the average will not exceed the Applicable Interest Rate for the month of November of the preceding year and, notwithstanding the above, will not be less than 5%)

Monthly accrued benefit

The Participant's Account Balance as of the determination date projected to age 65 (based on interest crediting rate) and converted to an age 65 single life annuity (based on lump sum/annuity conversion factor).

Conversion basis

The IRC §417(e) basis with one year stability period and November look-back month is used for the lump sum / annuity conversion.

Monthly postretirement spouse benefit

Account Balance as of determination date projected to age 65 and converted to an age 65 single life annuity and reduced for payment prior to age 65.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for benefits

| | |
|------------------------------------|--|
| Normal retirement | Retirement on Normal Retirement Date (NRD). |
| Early retirement | Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service. |
| Postponed retirement | Retirement after NRD. |
| Vested termination | Termination for reasons other than death or retirement after completing five years of vesting service. |
| Disability | An active participant who becomes totally and permanently disabled prior to attaining NRD. |
| Preretirement death benefit | Death before benefit commencement date. |

Benefits paid upon the following events

| | |
|------------------------------|---|
| Normal retirement | Monthly accrued benefit or lump sum benefit determined as of NRD. |
| Early retirement | Monthly accrued benefit determined as of Early Retirement Date reduced 5% per year to age 55. |
| Postponed retirement | Monthly pension benefit determined as of actual retirement date |
| Vested termination | Monthly accrued benefit payable at NRD, reduced 5% for each year of payment before age 65 if eligible for Early Retirement, otherwise reduced by a factor based on actuarial equivalence for ages before 65. |
| Disability retirement | Monthly accrued benefit with benefit credits and interest credits continuing until the earlier of (a) Participant is no longer disabled; (b) reaches normal retirement age; (c) Participant's request for benefits after termination; or (d) his death. |

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death

If the beneficiary is someone other than the Participant's Spouse, a single lump sum payment equal to the Participant's lump sum accrued benefit amount will be paid following the month in which the Participant's death occurs.

If the beneficiary is the Participant's Spouse, the beneficiary is entitled to a level monthly annuity for life. The benefit is the Actuarial Equivalent of the Participant's lump sum accrued benefit amount at the date benefit payments to the Spouse Beneficiary commence. The Spouse may also elect a lump sum distribution.

Other plan provisions

Forms of payment

Monthly accrued benefits are paid as a single life annuity, if the participant has no spouse as of the date benefit payments begin. Otherwise, benefits are paid in the form of a qualified 50% joint and survivor annuity. Optional forms are lump sum payment, level monthly annuity, and 50%, 75%, or 100% contingent annuitant benefits.

Lump sum accrued benefit amount

Lump sum benefits are payable for all the events. The lump sum amount is the account balance at the benefit commencement date (or the lump sum equivalent of the monthly accrued benefit payable at the later of NRD and commencement, if greater).

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Actuarial equivalence

The IRC §417(e) basis with one-year stability period and November look-back month is used for the following:

- Converting the age 65 projected cash balance account to a life annuity
- Converting the life annuity to contingent annuities

Pension increases

None

Plan participants' contributions

None

Future plan changes

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

No future plan changes were recognized.

Changes in benefits valued since prior year

The plan was amended effective August 1, 2023 to permit in-service distributions for participants age 59.5 or older.

Plan Name: Global One Cash Balance Pension Plan
EIN / PN: 58-2261454/002
Plan Sponsor: Orange Business Services Holdings U.S., Inc.
Valuation Date: January 1, 2024

Global One Cash Balance Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 58-2261454 Plan Number: 002

December 31, 2024

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Shares or rate of Interest | (e) Cost | (f) Current value |
|-----|---|---|-----------------------------------|---------------------|----------------------|
| | First American Government Obligation | Money market fund | 45,884 | \$ 45,884 | \$ 45,884 |
| * | T. Rowe Price Small Cap Value Fund | Mutual fund | 16,241 | 673,365 | 854,950 |
| | Hartford Schrodgers Emerging Markets | Mutual fund | 66,105 | 1,014,798 | 1,099,989 |
| * | T. Rowe Price High Yield Income Fund | Mutual fund | 98,063 | 598,901 | 579,552 |
| | American Europacific Growth Fund (R6) | Mutual fund | 30,570 | 1,467,903 | 1,642,210 |
| | Vanguard Fixed Income Long-Term Investment Grade Fund | Mutual fund | 158,518 | 1,642,436 | 1,193,641 |
| | Vanguard Institutional Index Fund | Mutual fund | 4,288 | 1,469,215 | 2,053,375 |
| | | | | <u>\$ 6,912,502</u> | <u>\$ 7,469,601</u> |

*A party in interest as defined by ERISA.

See independent auditor's report.