

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002193

**FILED**  
**Mar 27, 2019**  
**Secretary of State**  
**1003116358CC**

**Entity Name:** SOJERN, INC.

**Current Principal Place of Business:**

255 CALIFORNIA ST.,SUITE 1000  
SAN FRANCISCO, CA 94111

**Current Mailing Address:**

255 CALIFORNIA ST.,SUITE 1000  
SAN FRANCISCO, CA 94111 US

**FEI Number:** 26-0515764

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name RABE, MARK  
Address 255 CALIFORNIA ST.,SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94111

Title CFO  
Name ATKISSON, CURTIS  
Address 255 CALIFORNIA ST.,SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94111

Title DIRECTOR  
Name KESZLER, ELLEN  
Address 255 CALIFORNIA ST.,SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94111

Title SECRETARY  
Name HUIE, PAUL  
Address 255 CALIFORNIA ST.,SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94111

Title DIRECTOR  
Name MORAGNE, JOHN  
Address 255 CALIFORNIA ST.,SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94111

Title DIRECTOR  
Name MARSHALL, WOODY  
Address 255 CALIFORNIA ST.,SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94111

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK RABE

**CEO**

**03/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date