

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004245

Entity Name: SQUARE, INC.

**Current Principal Place of Business:**

901 MISSION STREET  
SAN FRANCISCO, CA 94103

**Current Mailing Address:**

901 MISSION STREET  
SAN FRANCISCO, CA 94103 US

FEI Number: 80-0429876

Certificate of Status Desired: No

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT & DIRECTOR  
Name            DORSEY, JACK  
Address        901 MISSION STREET  
City-State-Zip: SAN FRANCISCO CA 94103

Title            CFO  
Name            FRIAR, SARAH  
Address        901 MISSION STREET  
City-State-Zip: SAN FRANCISCO CA 94103

Title            SECRETARY  
Name            WAGNER, DANA  
Address        901 MISSION STREET  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name            KHOSLA, VINOD  
Address        901 MISSION STREET  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name            MEEKER, MARY  
Address        901 MISSION STREET  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name            BOTHA, ROELOF  
Address        901 MISSION STREET  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name            MCKELVEY, JIM  
Address        901 MISSION ST  
City-State-Zip: SAN FRANCISCO CA 94103

Title            DIRECTOR  
Name            SUMMERS, LAWRENCE  
Address        901 MISSION ST  
City-State-Zip: SAN FRANCISCO CA 94103

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*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: SARAH FRIAR

CFO

04/15/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SCHULTZ, HOWARD  
Address        901 MISSION ST  
City-State-Zip: SAN FRANCISCO CA 94103