

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000191

Entity Name: WEX INC.**Current Principal Place of Business:**1 HANCOCK STREET
PORTLAND, ME 04101**Current Mailing Address:**1 HANCOCK STREET
PORTLAND, ME 04101 US**FEI Number:** 01-0526993**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, PRESIDENT, CEO
Name SMITH, MELISSA D
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101

Title CHIEF STRATEGY OFFICER
Name DEARBORN, JOEL
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101

Title SECRETARY
Name RAPKIN, HILARY A.
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR
Name NEARY, JAMES
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR
Name CALLAHAN, DON
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR
Name SOMMER, REGINA O
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR
Name GHOSH, SHIKHAR
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR
Name SMITH, STEPHEN
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101

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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: HILARY A. RAPKIN**SECRETARY****03/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SOBBOTT, SUSAN
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101

Title TREASURER
Name THOMAS, MICHAEL E.
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR
Name GROCH, JIM
Address 1 HANCOCK STREET
City-State-Zip: PORTLAND ME 04101