

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001609

Entity Name: SHUTTERFLY, INC.

Current Principal Place of Business:

2800 BRIDGE PKWY
REDWOOD CITY, CA 94065

Current Mailing Address:

2800 BRIDGE PKWY
REDWOOD CITY, CA 94065

FEI Number: 94-3330068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

FILED
Apr 01, 2017
Secretary of State
CC5532869131

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, PRESIDENT
Name NORTH, CHRIS
Address 2800 BRIDGE PKWY
City-State-Zip: REDWOOD CITY CA 94065

Title CFO, VP
Name POPE, MICHAEL
Address 2800 BRIDGE PKWY
City-State-Zip: REDWOOD CITY CA 94065

Title DIRECTOR
Name MATHER, ANN
Address 2800 BRIDGE PKWY
City-State-Zip: REDWOOD CITY CA 94065

Title DIRECTOR
Name SWETTE, BRIAN
Address 2800 BRIDGE PKWY
City-State-Zip: REDWOOD CITY CA 94065

Title DIRECTOR
Name RAFAEL, ELIZABETH
Address 2800 BRIDGE PKWY
City-State-Zip: REDWOOD CITY CA 94065

Title DIRECTOR
Name ZEISSER, MICHAEL
Address 2800 BRIDGE PKWY
City-State-Zip: REDWOOD CITY CA 94065

Title GENERAL COUNSEL, SECRETARY,
VP
Name SEBRING, JASON
Address 2800 BRIDGE PKWY
City-State-Zip: REDWOOD CITY CA 94065

Title DIRECTOR
Name HUGHES, THOMAS
Address 2800 BRIDGE PKWY
City-State-Zip: REDWOOD CITY CA 94065

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: JASON SEBRING

SECRETARY

04/01/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date