

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003191

Entity Name: DRIP GLOBAL, INC.**Current Principal Place of Business:**323 WASHINGTON AVE N STE 200
MINNEAPOLIS, MN 55401**Current Mailing Address:**9450 SW GEMINI DR
BEAVERTON, OR 97008 US**FEI Number:** 26-3861881**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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 DIRECTOR
Name COLLINS, CLAY
Address 9450 SW GEMINI DR PMB 36222
City-State-Zip: BEAVERTON OR 97008

Title PRESIDENT
Name TEDESCO, JOHN
Address 9450 SW GEMINI DR PMB 36222
City-State-Zip: BEAVERTON OR 97008

Title SECRETARY
Name O'CONNOR, MOIRA
Address 9450 SW GEMINI DR PMB 36222
City-State-Zip: BEAVERTON OR 97008

Title DIRECTOR
Name LEVINE, SETH
Address 9450 SW GEMINI DR PMB 36222
City-State-Zip: BEAVERTON OR 97008

Title DIRECTOR
Name TEDESCO, JOHN
Address 9450 SW GEMINI DR PMB 36222
City-State-Zip: BEAVERTON OR 97008

Title CFO
Name O'CONNOR, MOIRA
Address 9450 SW GEMINI DR PMB 36222
City-State-Zip: BEAVERTON OR 97008

Title TREASURER
Name O'CONNOR, MOIRA
Address 9450 SW GEMINI DR PMB 36222
City-State-Zip: BEAVERTON OR 97008

Title DIRECTOR
Name OLSEN, CHRIS
Address 9450 SW GEMINI DR PMB 36222
City-State-Zip: BEAVERTON OR 97008

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: JOHN TEDESCO**PRESIDENT****02/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date