

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004286

**Entity Name:** PURE STORAGE, INC.

**Current Principal Place of Business:**

650 CASTRO ST  
SUITE 400  
MOUNTAIN VIEW, CA 94041

**FILED**  
**Mar 29, 2023**  
**Secretary of State**  
**1732450496CC**

**Current Mailing Address:**

650 CASTRO ST  
SUITE 400  
MOUNTAIN VIEW, CA 94041 US

**FEI Number:** 27-1069557

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIETZEN, SCOTT  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title DIRECTOR  
Name COLGROVE, JOHN  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title CEO, DIRECTOR  
Name GIANCARLO, CHARLES  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title DIRECTOR  
Name ROTHSCHILD, JEFF  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title DIRECTOR  
Name BROWN, ANDY  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title CFO  
Name KRYSLER, KEVAN  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title DIRECTOR  
Name TAYLOR, ROXANNE  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title DIRECTOR  
Name TOMB, GREG  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

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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:** NICOLE ARMSTRONG

**SECRETARY**

**03/29/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MURPHY, JOHN  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title SECRETARY  
Name ARMSTRONG, NICOLE  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title DIRECTOR  
Name YEN, MALLUN  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041

Title DIRECTOR  
Name TAYLOR, SUSAN  
Address 650 CASTRO ST  
SUITE 400  
City-State-Zip: MOUNTAIN VIEW CA 94041