

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004976

Entity Name: MAPLEBEAR INC.

Current Principal Place of Business:

50 BEALE STREET, SUITE 600
SAN FRANCISCO, CA 94105

Current Mailing Address:

50 BEALE STREET, SUITE 600
SAN FRANCISCO, CA 94105 US

FEI Number: 46-0723335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET
SUITE 4
TALLAHASSEE, FL 32301 US

FILED
Apr 25, 2022
Secretary of State
6395197374CC

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, CEO, DIRECTOR
Name SIMO, FIDJI
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title CFO, TREASURER
Name GIOVANNI, NICK
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title SECRETARY
Name FONG, MORGAN
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, CHAIRMAN
Name MEHTA, APOORVA
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name MCCARTHY, BARRY
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name SUNDHEIM, DAN
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name MCCARTHY, BARRY
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name SLOOTMAN, FRANK
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

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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: MORGAN FONG

SECRETARY

04/25/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MORITZ, MICHAEL
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name SARAFAN, LILY
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title ASST. SECRETARY
Name LIBUIT, BRADLEY
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title CHIEF TECHNOLOGY OFFICER
Name SCHAAF, MARK
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name LEVIEN, MEREDITH
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title CHIEF ACCOUNTING OFFICER
Name RAMSAY, ALAN
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title GENERAL COUNSEL
Name FONG, MORGAN
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105