

2023 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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

FILED
Mar 02, 2023
Secretary of State
4120001479CC

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, GENERAL COUNSEL
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 SLOOTMAN, FRANK
Address 50 BEALE STREET, SUITE 600
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name MORITZ, MICHAEL
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

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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: FONG, MORGAN

SECRETARY

03/02/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR

Name SARAFAN, LILY

Address 50 BEALE STREET, SUITE 600

City-State-Zip: SAN FRANCISCO CA 94105