

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000631

Entity Name: DROPBOX ONLINE, INC.**Current Principal Place of Business:**1800 OWENS STREET
SAN FRANCISCO, CA 94158**Current Mailing Address:**1800 OWENS STREET
SUITE 200
SAN FRANCISCO, CA 94158 US**FEI Number:** 26-0138832**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	CEO, DIRECTOR
Name	HOUSTON, ANDREW
Address	1800 OWENS STREET
City-State-Zip:	SAN FRANCISCO CA 94158

Title	CFO
Name	REGAN, TIMOTHY
Address	1800 OWENS STREET
City-State-Zip:	SAN FRANCISCO CA 94158

Title	DIRECTOR
Name	JACOBS , PAUL
Address	1800 OWENS STREET
City-State-Zip:	SAN FRANCISCO CA 94158

Title	DIRECTOR
Name	MYLOD, ROBERT
Address	1800 OWENS STREET
City-State-Zip:	SAN FRANCISCO CA 94158

Title	SECRETARY, GENERAL COUNSEL
Name	VOLKMER, BART
Address	1800 OWENS STREET
City-State-Zip:	SAN FRANCISCO CA 94158

Title	DIRECTOR
Name	BLAIR, DON
Address	1800 OWENS STREET
City-State-Zip:	SAN FRANCISCO CA 94158

Title	DIRECTOR
Name	PEACOCK, KAREN
Address	1800 OWENS STREET
City-State-Zip:	SAN FRANCISCO CA 94158

Title	DIRECTOR
Name	CAMPBELL, LISA
Address	1800 OWENS STREET
City-State-Zip:	SAN FRANCISCO CA 94158

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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: BART VOLKMER**SECRETARY****04/17/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title P
Name YOUNG, TIMOTHY
Address 1800 OWENS STREET
City-State-Zip: SAN FRANCISCO CA 94158

Title T
Name MAASS, SHLEEZA
Address 1800 OWENS STREET
City-State-Zip: SAN FRANCISCO CA 94158

Title D
Name SEIBEL, MICHAEL
Address 1800 OWENS STREET
City-State-Zip: SAN FRANCISCO CA 94158