

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002181

Entity Name: CASTLE BIOSCIENCES INC.**Current Principal Place of Business:**505 S FRIENDSWOOD DR, SUITE 401
FRIENDSWOOD, TX 77546**Current Mailing Address:**505 S FRIENDSWOOD DR, SUITE 401
FRIENDSWOOD, TX 77546 US**FEI Number:** 77-0701744**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, PRESIDENT
Name MAETZOLD, DEREK
Address 820 S FRIENDSWOOD DR SUITE 201
City-State-Zip: FRIENDSWOOD TX 77546

Title DIRECTOR
Name KABAKOFF, DAVID
Address 820 S FRIENDSWOOD DR SUITE 201
City-State-Zip: FRIENDSWOOD TX 77546

Title DIRECTOR
Name ASPINALL, MARA
Address 820 S FRIENDSWOOD DR SUITE 201
City-State-Zip: FRIENDSWOOD TX 77546

Title DIRECTOR
Name COLE, G. BRADLEY
Address 505 S FRIENDSWOOD DR, SUITE 401
City-State-Zip: FRIENDSWOOD TX 77546

Title DIRECTOR
Name BRADBURY, DANIEL
Address 820 S FRIENDSWOOD DR SUITE 201
City-State-Zip: FRIENDSWOOD TX 77546

Title DIRECTOR
Name COOK, JOSEPH C. III
Address 820 S FRIENDSWOOD DR SUITE 201
City-State-Zip: FRIENDSWOOD TX 77546

Title TREASURER
Name STOKES, FRANK
Address 505 S FRIENDSWOOD DR, SUITE 401
City-State-Zip: FRIENDSWOOD TX 77546

Title DIRECTOR
Name HARRISON, MILES
Address 505 S FRIENDSWOOD DR, SUITE 401
City-State-Zip: FRIENDSWOOD TX 77546

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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: DEREK MAETZOLD**PRESIDENT****03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAPLE, KIMBERLEE
Address 505 S FRIENDSWOOD DR, SUITE 401
City-State-Zip: FRIENDSWOOD TX 77546

Title DIRECTOR
Name OLSON, TIFFANY
Address 505 S FRIENDSWOOD DR, SUITE 401
City-State-Zip: FRIENDSWOOD TX 77546