

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004864

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**1893809461CC**

**Entity Name:** ASAPP, INC.

**Current Principal Place of Business:**

ONE WORLD TRADE CENTER  
80TH FLOOR  
NEW YORK, NY 10007

**Current Mailing Address:**

ONE WORLD TRADE CENTER  
80TH FLOOR  
NEW YORK, NY 10007 US

**FEI Number:** 46-1822261

**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 STROHM, DAVID  
Address 2550 SAND HILL ROAD, GREYLOCK PARTNERS SUITE 200  
City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR, CEO  
Name SAPOZNIK, GUSTAVO  
Address ONE WORLD TRADE CENTER 80TH FLOOR  
City-State-Zip: NEW YORK NY 10007

Title DIRECTOR  
Name MONTGOMERY, JAMES  
Address 725 ARIZONA AVE SUITE 304 MARCH CAPITAL PARTNERS,  
City-State-Zip: SANTA MONICA CA 90401

Title DIRECTOR  
Name GREEN, JASON  
Address 160 BOVET ROAD SUITE 300 EMERGENCE CAPITAL  
City-State-Zip: SAN MATEO CA 94402

Title DIRECTOR  
Name SINCLAIR, JO-ANNE  
Address 1 WORLD TRADE CENTER 80TH FLOOR  
City-State-Zip: NEW YORK NY 10007

Title DIRECTOR  
Name CHAMBERS, JOHN  
Address PO BOX 10195  
City-State-Zip: PALO ALTO CA 94303

Title DIRECTOR  
Name DOERR, JOHN  
Address 2750 SAND HILL RD KLEINER PERKINS,  
City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR  
Name KANOUFF, YVETTE  
Address 19 GOLDNEY DRIVE  
City-State-Zip: NEWTON PA 18904

*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:** GUSTAVO SAPOZNIK

**CHIEF EXECUTIVE OFFICER**

**02/01/2024**

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

\_\_\_\_\_  
Date