

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000001469

**Entity Name:** SLACK TECHNOLOGIES, INC.

**Current Principal Place of Business:**

500 HOWARD ST  
SAN FRANCISCO, CA 94105

**Current Mailing Address:**

500 HOWARD ST  
SAN FRANCISCO, CA 94105 US

**FEI Number: 26-4400325**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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, CEO  
Name BUTTERFIELD, DANIEL STEWART  
Address 500 HOWARD ST  
City-State-Zip: SAN FRANCISCO CA 94105

Title BOARD MEMBER  
Name BRACCIA, ANDREW  
Address 500 HOWARD ST  
City-State-Zip: SAN FRANCISCO CA 94105

Title BOARD MEMBER  
Name O'FARRELL, JOHN  
Address 500 HOWARD ST  
City-State-Zip: SAN FRANCISCO CA 94105

Title BOARD MEMBER  
Name MCNAMARA, MICHAEL  
Address 500 HOWARD ST  
City-State-Zip: SAN FRANCISCO CA 94105

Title BOARD MEMBER  
Name FRIAR, SARAH  
Address 500 HOWARD ST  
City-State-Zip: SAN FRANCISCO CA 94105

Title BOARD MEMBER  
Name COOPER, EDITH  
Address 500 HOWARD ST  
City-State-Zip: SAN FRANCISCO CA 94105

Title BOARD MEMBER  
Name SMITH, GRAHAM  
Address 500 HOWARD ST  
City-State-Zip: SAN FRANCISCO CA 94105

Title CFO  
Name SHIM, ALLEN SANGHYUN  
Address 500 HOWARD ST  
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: DAVID SCHELLHASE**

**SECRETARY**

**04/04/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name SCHELLHASE, DAVID  
Address 500 HOWARD ST  
City-State-Zip: SAN FRANCISCO CA 94105