

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000001646

**Entity Name:** 8X8, INC.**Current Principal Place of Business:**675 CREEKSIDE WAY  
CAMPBELL, CA 95008**Current Mailing Address:**675 CREEKSIDE WAY  
CAMPBELL, CA 95008 US**FEI Number:** 77-0142404**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 CFO  
Name WILSON, SAMUEL  
Address 675 CREEKSIDE WAY  
City-State-Zip: CAMPBELL CA 95008

Title CHIEF ACCOUNTING OFFICER  
Name COTA, GERMAINE  
Address 675 CREEKSIDE WAY  
City-State-Zip: CAMPBELL CA 95008

Title CEO  
Name SIPES, DAVID  
Address 675 CREEKSIDE WAY  
City-State-Zip: CAMPBELL CA 95008

Title VP FINANCE  
Name KRAUS, KEVIN  
Address 675 CREEKSIDE WAY  
City-State-Zip: CAMPBELL CA 95008

Title SECRETARY  
Name ZINN, MATHEW  
Address 675 CREEKSIDE WAY  
City-State-Zip: CAMPBELL CA 95008

*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:** GERMAINE COTACHIEF ACCOUNTING  
OFFICER

01/23/2021

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