

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000003747

Entity Name: HIGHSPOT, INC.**Current Principal Place of Business:**2211 ELLIOTT AVE STE 400
SEATTLE, WA 98121-3625**Current Mailing Address:**2211 ELLIOTT AVE STE 400
SEATTLE, WA 98121-3625**FEI Number:** 46-5072122**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 E PARK AVE 2 FLOOR
TALLAHASSEE, FL 32301 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, PRESIDENT, DIRECTOR
Name WAHBE, ROBERT
Address 2211 ELLIOTT AVE STE 400
City-State-Zip: SEATTLE WA 98121-3625

Title SECRETARY
Name BOISEN, MATT
Address 2211 ELLIOTT AVE STE 400
City-State-Zip: SEATTLE WA 98121-3625

Title CFO
Name LARSON, CHRIS
Address 2211 ELLIOTT AVE STE 400
City-State-Zip: SEATTLE WA 98121-3625

Title DIRECTOR
Name SHARP, OLIVER
Address 2211 ELLIOTT AVE STE 400
City-State-Zip: SEATTLE WA 98121-3625

Title DIRECTOR
Name PORTER, TIM
Address 2211 ELLIOTT AVE STE 400
City-State-Zip: SEATTLE WA 98121-3625

Title DIRECTOR
Name PEPPER, DOUG
Address 2211 ELLIOTT AVE STE 400
City-State-Zip: SEATTLE WA 98121-3625

Title DIRECTOR
Name BARLETT, BLAKE
Address 2211 ELLIOTT AVE STE 400
City-State-Zip: SEATTLE WA 98121-3625

Title DIRECTOR
Name MOHAN, RAVI
Address 2211 ELLIOTT AVE STE 400
City-State-Zip: SEATTLE WA 98121-3625

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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: CHRIS LARSON**CFO****04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NEWELL, TRACEY
Address	2211 ELLIOTT AVE STE 400
City-State-Zip:	SEATTLE WA 98121-3625