

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000002349

Entity Name: DATABRICKS, INC.

Current Principal Place of Business:

160 SPEAR ST., SUITE 1300
SAN FRANCISCO, CA 94105

Current Mailing Address:

160 SPEAR ST., SUITE 1300
SAN FRANCISCO, CA 94105

FEI Number: 46-2972184

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED AGENT GROUP INC
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 DCEO
Name GHODSI, ALI
Address 160 SPEAR ST., SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title DS
Name STOICA, ION
Address 160 SPEAR ST., SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title CFO
Name CONTE, DAVE
Address 160 SPEAR ST., SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name SONSINI, PETE
Address 160 SPEAR ST., SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name HOROWITZ, BEN
Address 160 SPEAR ST., SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name DONIO, ELENA
Address 160 SPEAR ST., SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name SHENKER, SCOTT
Address 160 SPEAR ST., SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name CHADWICK, JONATHAN
Address 160 SPEAR ST., SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Continues on page 2

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: TRACM PHI

**SECRETARY, BY TOBIAS 04/26/2023
SHOEMAKER, ATTORNEY-
IN-FACT**

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title SECRETARY
Name PHI, TRACM
Address 160 SPEAR ST., SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name ZAHARIA, MATEI
Address 160 SPEAR ST., SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105