

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000004467

Entity Name: SEZZLE INC.

Current Principal Place of Business:

700 NICOLLET MALL
SUITE 640
MINNEAPOLIS, MN 55402

Current Mailing Address:

700 NICOLLET MALL
SUITE 640
MINNEAPOLIS, MN 55402 US

FEI Number: 81-0971660

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 PRESIDENT
Name PARADIS, PAUL
Address 700 NICOLLET MALL
 SUITE 640
City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR
Name YOUAKIM, CHARLES
Address 700 NICOLLET MALL
 SUITE 640
City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR
Name PARADIS, PAUL
Address 700 NICOLLET MALL
 SUITE 640
City-State-Zip: MINNEAPOLIS MN 55402

Title CEO
Name YOUAKIM, CHARLES
Address 700 NICOLLET MALL
 SUITE 640
City-State-Zip: MINNEAPOLIS MN 55402

Title CFO
Name HARTJE, KAREN
Address 700 NICOLLET MALL
 SUITE 640
City-State-Zip: MINNEAPOLIS MN 55402

Title SECRETARY
Name CLYNE, JUSTIN
Address 700 NICOLLET MALL
 SUITE 640
City-State-Zip: MINNEAPOLIS MN 55402

Title CHAIRMAN OF THE BOARD
Name YOUAKIM, CHARLES
Address 700 NICOLLET MALL
 SUITE 640
City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR
Name LAHIFF, PAUL
Address 700 NICOLLET MALL
 SUITE 640
City-State-Zip: MINNEAPOLIS MN 55402

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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: CHARLES YOUAKIM

CEO

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PURCELL, PAUL
Address 700 NICOLLET MALL
 SUITE 640
City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR
Name CUTTER, MIKE
Address 700 NICOLLET MALL
 SUITE 640
City-State-Zip: MINNEAPOLIS MN 55402