

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
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R. WHITE

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
SHOTSPOTTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

RECEIVED

16 AUG 25 PM 2:52

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 AUG 25 AM 10:07

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Shotspotter, Inc.
2. The principal office address: 7979 Gateway Blvd Ste 210, Newark, CA 94560
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/26/2014 Document number: F14000002779

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

c/o NRAI Services, Inc., 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Susan McCrancy  
Signature of an officer or director

Susan McCrancy, Secretary

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: Denise Bell  
Signature of Registered Agent

08/22/2016

Date

If signing on behalf of an entity:

Denise Bell, Assistant Secretary

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

### Power of Attorney

NOTICE IS HEREBY GIVEN THAT SHOTSPOTTER ("Company"), Corporation incorporated under the laws of Delaware, does hereby appoint Christine Rein, Kelly Lettmann, Michelle Donato, Mandy Hendricks, Dareth Jeffers, Alan Stachura, Nicole Parnell, Sarah Revelle, Ryan Nelson, Ryan Maher, Natalie Pickens, Michelle Buchheit, Jessica Molloy, Jeremy Puentes, Lars Fox, Matthew Sawyer, Shannon Diamond, JoAn Tolosa, Adam Steimel, Brad Slenker, Teah Griffin, Lauren Miller, Stacey Busch, Tony Spain, Shanna Lones, Collin Giles, Tammy Tofteroo, April Wittenwyler, Jamila Woods, Eleanor Puls, Cardell Rankin, Jenifer Vincent, Maria Sciotti, Kimberly Steinmetz, Scott White, Susan McCrancy, Cristina Lam, Leslie Martin, Alishia L'Heureux, Patricia Mabengo, Denise Bell, Thomas Anderson, Kimberly Bowens and Sierra Burris (but only for so long as each of them, respectively, remains an employee of CT Corporation or an affiliate thereof) as attorney-in-fact for the Company to act for the Company and affiliates and subsidiaries of the Company attached hereto as Exhibit A, specifically incorporated herein by reference ("the Subsidiaries") in the Corporation and Subsidiaries' names for the limited purposes authorized herein.

The Corporation and Subsidiaries hereby grants its attorney-in-fact the power to execute the documents necessary to file annual reports, annual registrations, license renewals, change entities' registered agent and registered office, and forms of similar import on behalf of the Corporation and Subsidiaries in any state and the District of Columbia.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Tammy Tofteroo, April Wittenwyler, Jamila Woods, Eleanor Puls, Cardell Rankin, Jenifer Vincent, Maria Sciotti, Kimberly Steinmetz, Scott White, Susan McCrancy, Cristina Lam, Leslie Martin, Alishia L'Heureux, Patricia Mabengo, Denise Bell, Thomas Anderson, Kimberly Bowens and Sierra Burris shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the Corporation or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 9th day of August, 2016.  
Month Year Date

[Signature]  
Signature

Sonya Shuler, VP Finance Controller  
Name, Title

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_  
Date Month Year

\_\_\_\_\_  
Signature of Notary

Notary Public, State of \_\_\_\_\_  
State

Commission Expires: \_\_\_\_\_  
M/D/YYYY

*see attached*

(Seal)

Please See Exhibit A

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Alameda

On August 9<sup>th</sup> 2016 before me, Shilpa Shah - Notary Public  
(insert name and title of the officer)

personally appeared Sonya Strickler  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

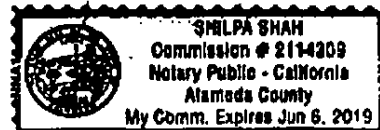
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Shilpa Shah

(Seal)



8/25/2016 2:20:56 PM From: To: 8506176380( 5/5 )

*Exhibit A – Affiliates/Subsidiaries*