DOCUMENT# F21000006450	
Entity Name: PYTHON SOFTWARE FOUNDATION, INC.	

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

9450 SW GEMINI DRIVE ECM #90772 BEAVERTON, OR 97008

Current Mailing Address:

9450 SW GEMINI DR ECM #90772 BEAVERTON, OR 97008 US

FEI Number: 04-3594598

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

REGISTERED AGENTS INC 7901 4TH ST N STE 300 ST PETERSBURG, FL 33702 US Certificate of Status Desired: No

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:

Officer/Dire	ctor Detail :		
Title	SECRETARY	Title	PRESIDENT
Name	NICHOLSON, DEBORAH	Name	WOUTERS, THOMAS
Address	9450 SW GEMINI DRIVE ECM #90772	Address	9450 SW GEMINI DRIVE ECM #90772
City-State-Zip:	BEAVERTON OR 97008	City-State-Zip:	BEAVERTON OR 97008
Title	VP	Title	TREASURER
Name	TRIPLETT, JEFF	Name	WAGES, DAWN
Address	9450 SW GEMINI DRIVE ECM #90772	Address	9450 SW GEMINI DRIVE ECM #90772
City-State-Zip:	BEAVERTON OR 97008	City-State-Zip:	BEAVERTON OR 97008
Title	DIRECTOR	Title	DIRECTOR
Name	DAS, KUSHAL	Name	LEIDEL, JANNIS
Address	9450 SW GEMINI DRIVE ECM #90772	Address	9450 SW GEMINI DRIVE ECM #90772
		, 1441000	
City-State-Zip:	BEAVERTON OR 97008	City-State-Zip:	BEAVERTON OR 97008
City-State-Zip: Title	BEAVERTON OR 97008 DIRECTOR		BEAVERTON OR 97008 DIRECTOR
		City-State-Zip:	
Title	DIRECTOR	City-State-Zip:	DIRECTOR
Title Name	DIRECTOR LINDBERG, VAN 9450 SW GEMINI DRIVE ECM #90772	City-State-Zip: Title Name	DIRECTOR INGRAM, DUSTIN

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH NICHOLSON

SECRETARY

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

onic Signature of Signing Officer/Director Data

Officer/Director Detail Continued :

City-State-Zip: BEAVERTON OR 97008

Title	DIRECTOR	Title	DIRECTOR
Name	ZAKHARENKO, NINA	Name	NANJEKYE, JOANNAH
Address	9450 SW GEMINI DRIVE ECM #90772	Address	9450 SW GEMINI DRIVE ECM #90772
City-State-Zip:	BEAVERTON OR 97008	City-State-Zip:	BEAVERTON OR 97008
Title	DIRECTOR	Title	DIRECTOR
Name	AZEVEDO, DEBORA	Name	ALLARD, TANIA
Address	9450 SW GEMINI DRIVE ECM #90772	Address	9450 SW GEMINI DRIVE ECM #90772
City-State-Zip:	BEAVERTON OR 97008	City-State-Zip:	BEAVERTON OR 97008
Title	DIRECTOR		
Name	WILLISON, SIMON		
Address	9450 SW GEMINI DRIVE ECM #90772		