

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001307

Entity Name: WEB.COM GROUP, INC.(DELAWARE)**Current Principal Place of Business:**5335 GATE PARKWAY
JACKSONVILLE, FL 32256**Current Mailing Address:**5335 GATE PARKWAY
JACKSONVILLE, FL 32256 US**FEI Number:** 94-3327894**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 SECRETARY
Name NEACE, JEFFREY
Address 5335 GATE PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title CFO, TREASURER
Name CLOHECY, CHRISTINA
Address 5335 GATE PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BAKER, FRANK
Address 5335 GATE PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name HENDREN, JEFFREY
Address 5335 GATE PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BERGER, PETER
Address 5335 GATE PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title CEO, PRESIDENT, DIRECTOR
Name ROWLANDS, SHARON
Address 5335 GATE PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name KELLY, TIMOTHY
Address 5335 GATE PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SIPPRELLE, TYLER
Address 5335 GATE PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

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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: JEFFREY NEACE**SECRETARY****02/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	CHAIRMAN
Name	AQUILINA, ROBERT
Address	5335 GATE PARKWAY
City-State-Zip:	JACKSONVILLE FL 32256