

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000367

Entity Name: GROUPON, INC.**Current Principal Place of Business:**600 W. CHICAGO AVE.
SUITE 400
CHICAGO, IL 60654**Current Mailing Address:**600 W. CHICAGO AVE.
SUITE 400
CHICAGO, IL 60654 US**FEI Number:** 27-0903295**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	CFO	Title	GENERAL COUNSEL (SECRETARY)
Name	CHILD, JASON	Name	SCHELLHASE, DAVID
Address	600 W. CHICAGO AVE. SUITE 400	Address	600 W. CHICAGO AVE. SUITE 400
City-State-Zip:	CHICAGO IL 60654	City-State-Zip:	CHICAGO IL 60654
Title	DIRECTOR	Title	DIRECTOR
Name	BARRIS, PETER J	Name	BASS, ROBERT J
Address	600 W. CHICAGO AVE. SUITE 400	Address	600 W. CHICAGO AVE. SUITE 400
City-State-Zip:	CHICAGO IL 60654	City-State-Zip:	CHICAGO IL 60654
Title	DIRECTOR	Title	DIRECTOR
Name	HENRY, DANIEL T	Name	HOBSON , MELLODY L
Address	600 W. CHICAGO AVE. SUITE 400	Address	600 W. CHICAGO AVE. SUITE 400
City-State-Zip:	CHICAGO IL 60654	City-State-Zip:	CHICAGO IL 60654
Title	DIRECTOR	Title	DIRECTOR
Name	KEYWELL , BRADLEY A	Name	LEFKOFSKY , ERIC P.
Address	600 W. CHICAGO AVE. SUITE 400	Address	600 W. CHICAGO AVE. SUITE 400
City-State-Zip:	CHICAGO IL 60654	City-State-Zip:	CHICAGO IL 60654

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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: JASON CHILD

CFO

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LEONSIS , THEODORE
Address	600 W. CHICAGO AVE. SUITE 400
City-State-Zip:	CHICAGO IL 60654