

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000367

Entity Name: GROUPON, INC.**Current Principal Place of Business:**600 WEST CHICAGO AVE
SUITE 400
CHICAGO, IL 60654**Current Mailing Address:**600 WEST 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 VP, TAX
Name ZEIGLER, REGGIE
Address 600 WEST CHICAGO AVE
SUITE 400
City-State-Zip: CHICAGO IL 60654

Title DIRECTOR
Name LEVIN, JOSEPH
Address 600 WEST CHICAGO AVE
SUITE 400
City-State-Zip: CHICAGO IL 60654

Title DIRECTOR
Name WAHL, DEBORAH
Address 600 WEST CHICAGO AVE
SUITE 400
City-State-Zip: CHICAGO IL 60654

Title DIRECTOR
Name ANGELAKIS, MICHAEL
Address 600 WEST CHICAGO AVE
SUITE 400
City-State-Zip: CHICAGO IL 60654

Title DIRECTOR
Name ZIEGLER, ANN
Address 600 WEST CHICAGO AVE
SUITE 400
City-State-Zip: CHICAGO IL 60654

Title GENERAL COUNSEL (SECRETARY)
Name DROBNY, DANE
Address 600 WEST CHICAGO AVE
SUITE 400
City-State-Zip: CHICAGO IL 60654

Title CEO
Name WILLIAMS, RICH
Address 600 WEST CHICAGO AVE
SUITE 400
City-State-Zip: CHICAGO IL 60654

Title DIRECTOR
Name BASS, ROBERT J
Address 600 WEST CHICAGO AVE
SUITE 400
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: WILLIAMS, RICH

CEO

03/23/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name BARRIS, PETER J
Address 600 WEST CHICAGO AVE
 SUITE 400
City-State-Zip: CHICAGO IL 60654