

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000268

Entity Name: STRIPE PAYMENTS COMPANY**Current Principal Place of Business:**354 OYSTER POINT BOULEVARD
SOUTH SAN FRANCISCO, CA 94080**Current Mailing Address:**354 OYSTER POINT BOULEVARD
SOUTH SAN FRANCISCO, CA 94080 US**FEI Number:** 80-0948598**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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	DIRECTOR / CEO / PRESIDENT
Name	VAN WOEART, CHRISTOPHER
Address	354 OYSTER POINT BOULEVARD
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	SECRETARY
Name	BOOTH, SCOTT
Address	354 OYSTER POINT BOULEVARD
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	COO
Name	ALVARADO, WILLIAM
Address	354 OYSTER POINT BOULEVARD
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	CHIEF COMPLIANCE OFFICER
Name	TSAI, GERALD
Address	354 OYSTER POINT BOULEVARD
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	TREASURER
Name	FARRINGTON, SCOTT
Address	354 OYSTER POINT BOULEVARD
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

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: SCOTT BOOTH**SECRETARY****03/29/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date