

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003496

Entity Name: STRIPE FLORIDA, INC.**Current Principal Place of Business:**510 TOWNSEND STREET
SAN FRANCISCO, CA 94103**Current Mailing Address:**510 TOWNSEND STREET
SAN FRANCISCO, CA 94103 US**FEI Number:** NOT APPLICABLE**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 CEO
Name COLLISON, PATRICK
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title CBO
Name ALVARADO, WILLIAM
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title PRESIDENT
Name COLLISON, JOHN
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name COLLISON, PATRICK
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name COLLISON, JOHN
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name MORITZ, MICHAEL
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title CFO
Name GAYBRICK, WILLIAM
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title COO
Name HUGHES-JOHNSON, CLAIRE
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

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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: PATRICK COLLISON**CEO****05/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILSON, MICHELLE
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name GREENE, DIANE
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title ASSISTANT SECRETARY
Name BOOTH, SCOTT
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title GENERAL COUNSEL
Name WALSH, PATRICIA
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name CHADWICK, JONATHAN
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title ASSISTANT SECRETARY
Name LEHOT, JACQUES
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103

Title SECRETARY
Name WALSH, PATRICIA
Address 510 TOWNSEND STREET
City-State-Zip: SAN FRANCISCO CA 94103