

2025 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F19000003496

Entity Name: STRIPE FLORIDA, INC.**Current Principal Place of Business:**354 OYSTER POINT BLVD.
SOUTH SAN FRANCISCO, CA 94080**Current Mailing Address:**354 OYSTER POINT BLVD.
SOUTH SAN FRANCISCO, CA 94080 US**FEI Number:** 27-0465600**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 DIRECTOR, FOUNDER AND CHIEF
EXECUTIVE OFFICER
Name COLLISON, PATRICK
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR
Name GREENE, DIANE
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR
Name HUANG, MATT
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR
Name LIXANDRU, LUCIANA
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR, FOUNDER AND
PRESIDENT
Name COLLISON, JOHN
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR
Name DAVIES, CHRISTA
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR
Name KELLY, KEVIN
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title CHIEF PRODUCT OFFICER
Name GAYBRICK, WILLIAM
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

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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: JUSTIN SMITH**SECRETARY****04/29/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CFO
Name TOMLINSON, STEFFAN
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title ASSISTANT SECRETARY
Name GUO, WENDY
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title GENERAL COUNSEL
Name WALSH, PATRICIA
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title CHIEF PEOPLE OFFICER
Name MCINTOSH, ROB
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title SECRETARY
Name SMITH, JUSTIN
Address 354 OYSTER POINT BLVD.
City-State-Zip: SOUTH SAN FRANCISCO CA 94080