

**2023 FOREIGN PROFIT CORPORATION 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            PRESIDENT  
Name           COLLISON, JOHN  
Address        354 OYSTER POINT BLVD.  
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

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

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

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

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

Title            DIRECTOR  
Name           MORITZ, MICHAEL  
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            CFO  
Name           SURYADEVARA, DHIVYA  
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:** JOHN COLLISON

PRESIDENT

03/01/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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