

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005594

Entity Name: EXPENSIFY, INC.

**Current Principal Place of Business:**

401 SW 5TH AVENUE  
PORTLAND, OR 97204

**Current Mailing Address:**

401 SW 5TH AVENUE  
PORTLAND, OR 97204 US

FEI Number: 27-0239450

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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: JENNY R MABUS

04/12/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BARRETT, DAVID  
Address        401 SW 5TH AVENUE  
City-State-Zip: PORTLAND OR 97204

Title            CFO, DIRECTOR  
Name            SCHAFFER, RYAN  
Address        401 SW 5TH AVENUE  
City-State-Zip: PORTLAND OR 97204

Title            SECRETARY  
Name            EASON, COLE  
Address        401 SW 5TH AVENUE  
City-State-Zip: PORTLAND OR 97204

Title            COO, DIRECTOR  
Name            MURALIDHARAN, ANURADHA  
Address        401 SW 5TH AVENUE  
City-State-Zip: PORTLAND OR 97204

Title            DIRECTOR  
Name            MILLS, JASON  
Address        401 SW 5TH AVENUE  
City-State-Zip: PORTLAND OR 97204

Title            DIRECTOR  
Name            VIDAL, DANIEL  
Address        401 SW 5TH AVENUE  
City-State-Zip: PORTLAND OR 97204

Title            DIRECTOR  
Name            CHRISTEN, TIM  
Address        401 SW 5TH AVENUE  
City-State-Zip: PORTLAND OR 97204

Title            DIRECTOR  
Name            PAO, ELLEN  
Address        401 SW 5TH AVENUE  
City-State-Zip: PORTLAND OR 97204

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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: COLE EASON

SECRETARY

04/12/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LIU, YING (VIVIAN)  
Address        401 SW 5TH AVENUE  
City-State-Zip: PORTLAND OR 97204