

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000004078

**Entity Name:** HACKERONE INC.**Current Principal Place of Business:**548 MARKET ST PMB 24734  
SAN FRANCISCO, CA 94104**Current Mailing Address:**548 MARKET ST PMB 24734  
SAN FRANCISCO, CA 94104 US**FEI Number:** 46-2389456**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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:** DAVID ROBERTS

02/02/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MICKOS, MARTEN  
Address        548 MARKET ST PMB 24734  
City-State-Zip: SAN FRANCISCO CA 94104

Title            SECRETARY  
Name            COHEN, ILONA  
Address        548 MARKET ST PMB 24734  
City-State-Zip: SAN FRANCISCO CA 94104

Title            TREASURER  
Name            NOLAND, JAYSON  
Address        548 MARKET ST PMB 24734  
City-State-Zip: SAN FRANCISCO CA 94104

Title            DIRECTOR  
Name            KOPLOW-MCADAMS, HILARIE  
Address        548 MARKET ST PMB 24734  
City-State-Zip: SAN FRANCISCO CA 94104

Title            DIRECTOR  
Name            VENABLES, PHIL  
Address        548 MARKET ST PMB 24734  
City-State-Zip: SAN FRANCISCO CA 94104

Title            DIRECTOR  
Name            GURLEY, BILL  
Address        548 MARKET ST PMB 24734  
City-State-Zip: SAN FRANCISCO CA 94104

Title            DIRECTOR  
Name            NELSON, BETSEY  
Address        548 MARKET ST PMB 24734  
City-State-Zip: SAN FRANCISCO CA 94104

Title            DIRECTOR  
Name            SAAB, CONSTANTINE  
Address        548 MARKET ST PMB 24734  
City-State-Zip: SAN FRANCISCO CA 94104

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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:** JAYSON NOLAND

TREASURER

02/02/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	RICE, ALEX
Address	548 MARKET ST PMB 24734
City-State-Zip:	SAN FRANCISCO CA 94104