

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000000361

**Entity Name:** SPRINKLR, INC.**Current Principal Place of Business:**441 9TH AVE  
12TH FLOOR  
NEW YORK, NY 10001**Current Mailing Address:**441 9TH AVE  
12TH FLOOR  
NEW YORK, NY 10001 US**FEI Number:** 45-4771485**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, PRESIDENT  
Name THOMAS, RAGY  
Address 29 W. 35 ST.,  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10001Title DIRECTOR  
Name GILLIS, EDWIN  
Address 29 W. 35 ST.,  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10001Title DIRECTOR  
Name AGRAWAL, NEERAJ  
Address 29 W. 35 ST.,  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10001Title DIRECTOR  
Name WASSIM, TARIM  
Address 29 W. 35 ST.,  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10001Title DIRECTOR  
Name KANOUFF, YVETTE  
Address 29 W. 35 ST.,  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10001Title SECRETARY  
Name SCOTT, JACOB  
Address 29 W. 35 ST.,  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10001Title CFO  
Name MANISH, SARIN  
Address 29 W. 35 ST.,  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10001Title DIRECTOR  
Name HAVERTY, KEVIN  
Address 441 9TH AVE  
12TH FLOOR  
City-State-Zip: NEW YORK NY 10001**Continues on page 2**

*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:** JACOB SCOTT**SECRETARY****01/10/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 SCHLOSS, EILEEN  
Address            29 W. 35 ST.,  
                      8TH FLOOR  
City-State-Zip:   NEW YORK NY 10001

Title                   DIRECTOR  
Name                 PHAM, TRAC  
Address            441 9TH AVE  
                      12TH FLOOR  
City-State-Zip:   NEW YORK NY 10001