

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000002384

Entity Name: SPIFF, INC.

**Current Principal Place of Business:**

415 MISSION STREET, 3RD FLOOR  
SAN FRANCISCO, CA 94105

**Current Mailing Address:**

415 MISSION STREET, 3RD FLOOR  
SAN FRANCISCO, CA 94105

FEI Number: 82-3333685

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, SECRETARY &  
                      DIRECTOR  
Name            DODS, SARAH  
Address        415 MISSION STREET, 3RD FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

Title            VP, ASSISTANT SECRETARY  
Name            SIAMAS, SCOTT CHRISTOPHER  
Address        415 MISSION STREET, 3RD FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

Title            VICE PRESIDENT - TAX  
Name            YEE, DARRYL  
Address        415 MISSION STREET, 3RD FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

Title            ASSISTANT TREASURER  
Name            CHI, AMBER TINA  
Address        415 MISSION STREET, 3RD FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

Title            ASSISTANT TREASURER  
Name            VALLOTTON, SAMUEL  
Address        415 MISSION STREET, 3RD FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

Title            TREASURER  
Name            WETTERMARK, HAKAN JOACHIM  
Address        415 MISSION STREET, 3RD FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

*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: SCOTT CHRISTOPHER SIAMAS

ASSISTANT SECRETARY    04/17/2024

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date