

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F24000004610

Entity Name: STRONGDM, INC.**Current Principal Place of Business:**288 HAMILTON AVE
3RD FLOOR
PALO ALTO,, CA 94301**Current Mailing Address:**500 WESTOVER DR #18269
SANFORD, NC 27330-8941 US**FEI Number:** 47-3148688**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
Name BLACK, PHILLIP
Address 288 HAMILTON AVE
3RD FLOOR
City-State-Zip: PALO ALTO, CA 94301

Title DIRECTOR
Name LEONE, DOUG
Address 288 HAMILTON AVE
3RD FLOOR
City-State-Zip: PALO ALTO, CA 94301

Title DIRECTOR
Name BROWN, SCHUYLER
Address 288 HAMILTON AVE
3RD FLOOR
City-State-Zip: PALO ALTO, CA 94301

Title DIRECTOR
Name MCCARTHY, JUSTIN
Address 288 HAMILTON AVE
3RD FLOOR
City-State-Zip: PALO ALTO, CA 94301

Title DIRECTOR, PRESIDENT
Name PRENDERGAST, TIMOTHY
Address 288 HAMILTON AVE
3RD FLOOR
City-State-Zip: PALO ALTO, CA 94301

Title SECRETARY
Name MAHONEY, LAURA
Address 288 HAMILTON AVE
3RD FLOOR
City-State-Zip: PALO ALTO, CA 94301

Title TREASURER
Name RUSEK, CHAD
Address 288 HAMILTON AVE
3RD FLOOR
City-State-Zip: PALO ALTO, CA 94301

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: LAURA MAHONEY**SECRETARY****03/24/2025**

Electronic Signature of Signing Officer/Director Detail

Date