

No. C 205671		Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. STRIPE PAYMENTS COMPANY 185 BERRY STREET SUITE 550 SAN FRANCISCO CA 94107		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JOHN COLLISON	185 BERRY STREET SUITE 550	SAN FRANCISCO	CA	USA	94107	
SECRETARY	JON ZIEGER	185 BERRY STREET SUITE 550	SAN FRANCISCO	CA	USA	94107	
TREASURER	WILLIAM ALVARADO	185 BERRY STREET SUITE 550	SAN FRANCISCO	CA	USA	94107	
DIRECTOR	JOHN COLLISON	185 BERRY STREET SUITE 550	SAN FRANCISCO	CA	USA	94107	
DIRECTOR	PATRICK COLLISON	185 BERRY STREET SUITE 550	SAN FRANCISCO	CA	USA	94107	
5. Organized Under the Laws of: DE C 205671		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann					
		Date: 03/27/2017 Title: POA					
Processed 03/27/2017		* Electronically provided signatures are accepted as original signatures.					