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To: Division of Corporations	سال المال
Fax Number : (850)617-6383	:10

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail	Address:	

## FOREIGN PROFIT/NONPROFIT CORPORATION

Qualys, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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K. SALY

JUL - 6 2018

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

12/30/1999	nder the law of which it is incorporated)	3. 77-0534145 (FEI number, if applicable)
		5. Perpetual
(trate of	incorporation)	(Dute of duration, if other than perpetual)
Upon Qualification		<b>6</b>
ON Con USI data N	(SEE SECTIONS 607.1591 & 607	ss in Florida, if prior to registration) 7.1502, U.S., to determine penalty liability)
A1A Faz: Hitizdate B	lvd, 4th Floor, Fuster City, CA 94404 (Prin	ncipal office address)
same		· · · · · · · · · · · · · · · · · · ·
Name and street a	(Current ins	ailing address, if different)  P.O. Box, VOT acceptable)
	C T Corporation System	
ffice Address:	200 South Pine Island Road	
3	Plantation	. Fiorida 33324
	(City)	, Florida <u>33324</u> (Zip code)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

By:

	F	IL	ED	
18	JUL	-5	4H 10:	
\$		57.5	on a light	13

11. Names and business addresses of officers and/or directors:	Store 13
A. DIRECTORS SEE ATTACHMENT	SLOT FREY DE STATE
Chairman:	
Address:	
Vice Chairmon:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS SEE ATTACHMENT	
President: Philippe Courtot	
Address: 919 East Hillsdale Blvd, 4th Floor	
Foster City, CA 94404	
Vice President:	
Address:	
Secretary: Bruce Posey	
OAO Para 1672 July INC. 1 (A) Phys. T. 16 (225) CA (0440)	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application list	ing additional officers and/or directors.
12. Mul te	
Signature of Director or Office. The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a darkhird degree felony as provided for in s.\$17.155, F.S.	r 11 above) affirms that the facts stated herein
13. Melissa Fisher CFO	
(Typed or printed name and capacity of person si	gning application)

Attachment to Florida Officers & Directors

Full Name: Melissa Fisher

Officer/Director: Officer Officer's Title: CFO

Director's Title:

**Business Address:** 919 East Hillsdale Blvd. 4th Floor

Foster City City: State: CA ZIP Code: 94404

2 Full Name: Sumehd Thaker

Officer/Director: Officer

Officer's Title: Chief Product Officer

Director's Title:

Business Address: 919 East Hillsdale Blvd, 4th Floor

City: Föster City CA State: ZIP Code: 94404

Full Name: Amer Deeba Officer/Director: Officer

Officer's Title: Chief Commercial Officer

Director's Title:

Business Address: 919 East Hillsdate Blvd, 4th Floor

City: Foster City State: CA 94404 ZIP Code:

Rima Touma-Bruno Full Name:

Officer Officer/Director:

Officer's Title: Chief Human Resources Officer

Director's Title:

Director's Title:

Business Address: 919 East Hillsdale Blvd, 4th Floor

City: Foster City

State: CA ZIP Code: 94404

Full Name: Philippe Courtot 5 Officer/Director: Officer, Director Officer's Title: President/CEO

Business Address: 919 East Hillsdale Blvd, 4th Floor

Director

City: Foster City State: CA ZIP Code: 94404

Fuli Name: Sandra Bergeron

Officer/Director: Director

Officer's Title:

Director's Title: Director

919 East Hillsdale Blvd, 4th Floor Business Address:

City: Foster City

18 JUL -5 AM 10: 13

State: CA ZIP Code: 94404 Full Name: Donald Dixon

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 919 East Hillsdale Blvd, 4th Floor

City: Foster City State: CA ZIP Code: 94404

Full Name: Jeffrey Hank Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 919 East Hillsdaie Blvd, 4th Floor

City: Foster City State: CA ZIP Code: 94404

Full Name: Todd Headley Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 919 East Hillsdale Blvd, 4th Floor

City: Faster City State: CA ZIP Code: 94404 10 Full Name: Peter Pace Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 919 East Hillsdale Blvd, 4th Floor

City: Foster City State: CA ZIP Code: 94404 11 Full Name: Kristl Rogers

Officer/Director: Director Officer's Title:

Director's Title:

Business Address: 919 East Hillsdale Blvd, 4th Floor

Director

City: Foster City State: CA

ZIP Code: 94404

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QUALYS, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

18 JUL -5 AM 10: 13

3152140 8300 SR# 20185330850

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Date: 06-25-18