2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: GLOBANT, LLC

Current Principal Place of Business:

875 HOWARD STREET SUITE 320
SAN FRANCISCO, CA 94103

Current Mailing Address:

875 HOWARD STREET SUITE 320
SAN FRANCISCO, CA 94103 US

FEI Number: 98-0390078

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title	OT
Name	SCANNAPIECO, ALEJANDRO RAUL
Address	875 HOWARD STREET SUITE 320
City-State-Zip:	SAN FRANCISCO CA 94103

Title	CO
Name	UMARAN, MARTIN GONZALO
Address	875 HOWARD STREET SUITE 320
City-State-Zip:	SAN FRANCISCO CA 94103

Title	CO
Name	NOCETTI, NESTOR AUGUSTO
Address	875 HOWARD STREET SUITE 320
City-State-Zip:	SAN FRANCISCO CA 94103

Title	CO
Name	WILLI, GUILLERMO
Address	875 HOWARD STREET SUITE 320
City-State-Zip:	SAN FRANCISCO CA 94103

Title	OS
Name	ROJO, PATRICIO PABLO
Address	875 HOWARD STREET SUITE 320
City-State-Zip:	SAN FRANCISCO CA 94103

Title	CO
Name	ENGLEBIENNE, GUILBERT ANDRES
Address	875 HOWARD STREET SUITE 320
City-State-Zip:	SAN FRANCISCO CA 94103

Title	CO
Name	MIGOYA, MARTIN
Address	875 HOWARD STREET SUITE 320
City-State-Zip:	SAN FRANCISCO CA 94103

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIO PABLO ROJO — CORPORATE OFFICER & SECRETARY — 08/11/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date