

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002400

Entity Name: AVALARA, INC.

**Current Principal Place of Business:**

255 SOUTH KING STREET  
SUITE 1800  
SEATTLE, WA 98104

**FILED**  
**Apr 08, 2022**  
**Secretary of State**  
**6698426642CC**

**Current Mailing Address:**

255 SOUTH KING STREET  
SUITE 1800  
SEATTLE, WA 98104 US

**FEI Number: 91-1995935**

**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 DIRECTOR  
Name MCFARLANE, SCOTT  
Address 255 SOUTH KING STREET  
SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title DIRECTOR  
Name INGRAM, WILLIAM  
Address 255 SOUTH KING STREET  
SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title SECRETARY  
Name PINNEY, ALESIA  
Address 255 SOUTH KING STREET  
SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title DIRECTOR  
Name RELLER, TAMI  
Address 255 SOUTH KING STREET  
SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title DIRECTOR  
Name FOOTE, MARION  
Address 255 SOUTH KING STREET  
SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title DIRECTOR  
Name GILHULY, EDWARD  
Address 255 SOUTH KING STREET  
SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title DIRECTOR  
Name ZWICKERT, KATHLEEN  
Address 255 SOUTH KING STREET  
SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title DIRECTOR  
Name SINGH, RAJEEV  
Address 255 SOUTH KING STREET  
SUITE 1800  
City-State-Zip: SEATTLE WA 98104

**Continues on page 2**

*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: ALESIA PINNEY**

**SECRETARY**

**04/08/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            MATHRADAS, AMIT  
Address        255 SOUTH KING STREET  
                 SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title            TREASURER  
Name            TENNENBAUM, ROSS  
Address        255 SOUTH KING STREET  
                 SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title            DIRECTOR  
Name            MARTIN, MARCELA  
Address        255 SOUTH KING STREET  
                 SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title            DIRECTOR  
Name            SHARPLES, BRIAN  
Address        255 SOUTH KING STREET  
                 SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title            DIRECTOR  
Name            CRAWFORD, BRUCE  
Address        255 SOUTH KING STREET  
                 SUITE 1800  
City-State-Zip: SEATTLE WA 98104

Title            DIRECTOR  
Name            TALLAPRAGADA, SRINIVAS  
Address        255 SOUTH KING STREET  
                 SUITE 1800  
City-State-Zip: SEATTLE WA 98104