

2020 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

Current Mailing Address:

255 SOUTH KING STREET
SUITE 1800
SEATTLE, WA 98104 US

FEI Number: 91-1995935

Certificate of Status Desired: Yes

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 TREASURER, 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 SADRIAN, JUSTIN
Address 255 SOUTH KING STREET
SUITE 1800
City-State-Zip: SEATTLE WA 98104

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

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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

02/07/2020

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

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

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