

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002366

Entity Name: UPWORK INC.**Current Principal Place of Business:**441 LOGUE AVE.
MOUNTAIN VIEW, CA 94043**Current Mailing Address:**441 LOGUE AVE.
MOUNTAIN VIEW, CA 94043**FEI Number:** 46-4337682**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOULTIONS, INC.
155 OFFICE PLAZA DR. SUITE A
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**Officer/Director Detail :**

Title DIRECTOR
Name LAYTON, THOMAS
Address 441 LOGUE AVE.
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name HARVEY, KEVIN
Address 441 LOGUE AVE.
City-State-Zip: MOUNTAIN VIEW CA 94043

Title CEO, DIRECTOR
Name KASRIEL, STEPHANE
Address 441 LOGUE AVE.
City-State-Zip: MOUNTAIN VIEW CA 94043

Title CFO, SECRETARY
Name LEVEY, BRIAN
Address 441 LOGUE AVE.
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name GRETSCH, GREG
Address 441 LOGUE AVE.
City-State-Zip: MOUNTAIN VIEW CA 94043

Title COO
Name KARAMANLAKIS, STRATIS
Address 441 LOGUE AVE.
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name MARRIOTT, DAN
Address 441 LOGUE AVE.
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name ROSATI, FABIO
Address 441 LOGUE AVE.
City-State-Zip: MOUNTAIN VIEW CA 94043

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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: BRIAN LEVEY**SECRETARY****04/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ELIZABETH, NELSON
Address	441 LOGUE AVE.
City-State-Zip:	MOUNTAIN VIEW CA 94043