

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002366

Entity Name: UPWORK INC.**Current Principal Place of Business:**655 MONTGOMERY STREET
SUITE 490 DPT17022
SAN FRANCISCO, CA 94107**Current Mailing Address:**655 MONTGOMERY STREET
SUITE 490 DPT17022
SAN FRANCISCO, CA 94107 US**FEI Number:** 46-4337682**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOULTIONS, INC.
2894 REMINGTON GREEN LN
STE A
TALLAHASSEE, FL 32308 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 CEO, PRESIDENT, DIRECTOR
Name BROWN, HAYDEN
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR
Name GRETSCH, GREG
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title CHAIRMAN, DIRECTOR
Name LAYTON, THOMAS
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title SECRETARY, CHIEF BUSINESS
AFFAIRS AND LEGAL OFFICER
Name LEVEY, BRIAN
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR
Name SRINIVASAN, LEELA
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR
Name STEELE, GARY
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR
Name VASQUEZ-UBARRI, ANILU
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR
Name HARVEY, KEVIN
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

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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****04/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT, TREASURER, CAO
Name MARIE, OLIVIER
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title CFO
Name GESSERT, ERICA
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title CHIEF PEOPLE OFFICER
Name SOLAO, SUNITA
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title ASST SECRETARY
Name MCQUOWN, JACOB
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR
Name NELSON, BETSEY
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107

Title CHIEF MARKETING OFFICER
Name WATERS, MELISSA
Address 655 MONTGOMERY STREET
SUITE 490 DPT17022
City-State-Zip: SAN FRANCISCO CA 94107