#### 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002366

Entity Name: UPWORK INC.

Apr 21, 2021 **Secretary of State** 0033182326CC

**FILED** 

#### **Current Principal Place of Business:**

475 BRANNAN STREET

SUITE 400

SAN FRANCISCO, CA 94107

### **Current Mailing Address:**

655 MONTGOMERY ST **DPT 17022 SUITE 490** SAN FRANCISCO, CA 94111 US

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

**DIRECTOR** 

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.

Title

Title

DIRECTOR

SIGNATURE:

Name

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CEO, PRESIDENT, DIRECTOR, CHIEF

MARKETING AND PRODUCT OFFICER

Name GRETSCH, GREG BROWN, HAYDEN

Address 475 BRANNAN STREET Address

475 BRANNAN STREET SUITE 400 SUITE 400

City-State-Zip: SAN FRANCISCO CA 94107 City-State-Zip: SAN FRANCISCO CA 94107

Title CHAIRMAN

Name LAYTON, THOMAS Name HARVEY, KEVIN

Address 475 BRANNAN STREET Address 475 BRANNAN STREET

SUITE 400 SUITE 400

City-State-Zip: SAN FRANCISCO CA 94107 City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR Title **SECRETARY** 

MARRIOTT, DAN Name Name LEVEY, BRIAN

Address 475 BRANNAN STREET

Address **475 BRANNAN STREET** SUITE 400

SUITE 400 City-State-Zip: SAN FRANCISCO CA 94107

SAN FRANCISCO CA 94107 City-State-Zip: **DIRECTOR** 

Title DIRECTOR Name SRINIVASAN, LEELA

NELSON, ELIZABETH Name Address 475 BRANNAN STREET

Address **475 BRANNAN STREET** SUITE 400

SUITE 400

SAN FRANCISCO CA 94107 City-State-Zip: 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.

04/21/2021 SIGNATURE: BRIAN LEVEY SECRETARY

# Officer/Director Detail Continued:

Title DIRECTOR Title CFO

Name STEELE, GARY Name MCCOMBS, JEFF

Address 475 BRANNAN STREET Address 475 BRANNAN STREET

SUITE 400 SUITE 400

City-State-Zip: SAN FRANCISCO CA 94107 City-State-Zip: SAN FRANCISCO CA 94107