## 2016 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

**FILED** Apr 21, 2016

**Secretary of State** 

CC7211621627

Officer/Director Detail :

Title DIRECTOR Title DIRECTOR LAYTON, THOMAS Name Name HARVEY, KEVIN 441 LOGUE AVE. Address Address 441 LOGUE AVE.

City-State-Zip: MOUNTAIN VIEW CA 94043 MOUNTAIN VIEW CA 94043 City-State-Zip:

Title DIRECTOR Title CEO, DIRECTOR

Name ELIZABETH, NELSON KASRIEL, STEPHANE Name

Address 441 LOGUE AVE. Address 441 LOGUE AVE.

MOUNTAIN VIEW CA 94043 City-State-Zip: MOUNTAIN VIEW CA 94043 City-State-Zip:

Title DIRECTOR Title CFO, SECRETARY

Name GRETSCH, GREG Name LEVEY, BRIAN Address 441 LOGUE AVE. Address 441 LOGUE AVE.

City-State-Zip: MOUNTAIN VIEW CA 94043 MOUNTAIN VIEW CA 94043 City-State-Zip:

Title DIRECTOR Title COO

Name MARRIOTT, DAN KARAMANLAKIS, STRATIS Name Address 441 LOGUE AVE. Address 441 LOGUE AVE.

City-State-Zip: MOUNTAIN VIEW CA 94043 MOUNTAIN VIEW CA 94043 City-State-Zip:

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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: STEPHANE KASRIEL

CEO, DIRECTOR

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name ROSATI, FABIO

Address 441 LOGUE AVE.

City-State-Zip: MOUNTAIN VIEW CA 94043