

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001092

Entity Name: SMARTSHEET INC.**Current Principal Place of Business:**500 108TH AVE NE, SUITE 200
BELLEVUE, WA 98004**Current Mailing Address:**500 108TH AVE NE, SUITE 200
BELLEVUE, WA 98004 US**FEI Number:** 20-2954357**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL REGISTERED AGENTS, INC.
1200 S PINE ISLAND RD
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 MCLLWAIN, MATT
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004

Title PRESIDENT & CEO
Name MADER, MARK
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004

Title DIRECTOR
Name FREI, BRENT
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004

Title DIRECTOR
Name GOMEZ, ELENA
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004

Title DIRECTOR
Name YESIL, MAGDALENA
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004

Title DIRECTOR
Name WHITE, JIM
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004

Title DIRECTOR
Name GREGOIRE, MIKE
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004

Title CFO, TREASURER
Name GODBOLE, PETE
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004

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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: JOLENE MARSHALL**SECRETARY****02/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ABDULLAH, ALISSA
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004

Title SECRETARY
Name MARSHALL, JOLENE
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004

Title DIRECTOR
Name TROLLOPE, ROWAN
Address 500 108TH AVE NE, SUITE 200
City-State-Zip: BELLEVUE WA 98004