2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2022
Secretary of State
6274817064CC

DOCUMENT# F20000001386

Entity Name: ALTERYX, INC.

Current Principal Place of Business:

3345 MICHELSON DR STE 400
IRVINE, CA 92612

Current Mailing Address:

3345 MICHELSON DR STE 400
IRVINE, CA 92612 US

FEI Number: 90-0673106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	CHAIRMAN, DIR
Name	STOECKER, DEAN A
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	D
Name	ANDERSON, MARK
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	D
Name	CORY, CHARLES R
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	DIRECTOR
Name	MAUDIN, TIMOTHY I
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	D
Name	ALEXY, KIMBERLY
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	D
Name	BELLIZZI, JOHN
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	D
Name	HORING, JEFFREY L
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	DIRECTOR
Name	SCHLOSS, EILEEN
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

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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: CHRISTOPHER M. LAL SECRETARY 04/19/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	LAL, CHRISTOPHER M
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	DIRECTOR
Name	JOSHI, ANJALI
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	DIRECTOR
Name	WARMENHOVEN, DANIEL J.
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	TREASURER
Name	RUBIN, KEVIN
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612

Title	DIRECTOR
Name	MORKEN, CECELIA
Address	3345 MICHELSON DR STE 400
City-State-Zip:	IRVINE CA 92612