

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

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 ALEXY, KIMBERLY  
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 BELLIZZI, JOHN  
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 D  
Name HORING, JEFFREY L  
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 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

04/15/2021

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