

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003573

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: PERFICIENT, INC.

## Current Principal Place of Business:

520 MARYVILLE CENTRE DR, STE 400  
SAINT LOUIS, MO 63141

## New Principal Place of Business:

520 MARYVILLE CENTRE DRIVE  
SUITE 400  
SAINT LOUIS, MO 63141 US

## Current Mailing Address:

622 EMERSON RD, STE 400  
SAINT LOUIS, MO 63141

## New Mailing Address:

520 MARYVILLE CENTRE DRIVE  
SUITE 400  
SAINT LOUIS, MO 63141 US

FEI Number: 74-2853258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D  
Name: LUNDEEN, DAVID S D  
Address: 520 MARYVILLE CENTRE DR, STE 400  
City-St-Zip: SAINT LOUIS, MO 63141 US

Title: D  
Name: DERRICKSON, RALPH C D  
Address: 520 MARYVILLE CENTRE DR, STE 400  
City-St-Zip: SAINT LOUIS, MO 63141 US

Title: D  
Name: MAY, DAVID D D  
Address: 520 MARYVILLE CENTRE DR, STE 400  
City-St-Zip: SAINT LOUIS, MO 63141 US

Title: PD  
Name: DAVIS, JEFFREY S PD  
Address: 520 MARYVILLE CENTRE DR, STE 400  
City-St-Zip: SAINT LOUIS, MO 63141

Title: ST  
Name: MARTIN, PAUL E ST  
Address: 520 MARYVILLE CENTRE DR, STE 400  
City-St-Zip: SAINT LOUIS, MO 63141 US

Title: D  
Name: HAMLIN, JOHN S D  
Address: 520 MARYVILLE CENTRE DR, SUITE 400  
City-St-Zip: SAINT LOUIS, MO 63141 US

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: BRITNI WIGE

POA

04/27/2012

Electronic Signature of Signing Officer or Director

Date