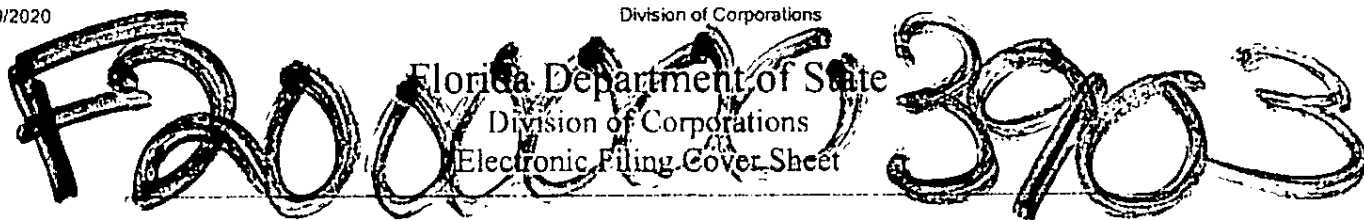


9/9/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000313516 3)))



H200003135163ABCV

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
CONVIVA INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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Corporate Filing Menu

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SEP 10 2020

DocuSign Envelope ID: C3503A88-CA2F-4F59-8711-7FAEE4615231

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Conviva Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 20-4369985
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Feb 08, 2006 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 06/01/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 989 E. Hillsdale Blvd., Suite 400, Foster City CA, 94404-4201
(Principal office address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C.T. Corporation System

By: Candice Pignataro Candice Pignataro Asst. Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors: (SEE ATTACHMENT)

A. DIRECTORS

Chairman _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President _____

Address: _____

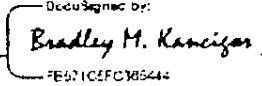
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Bradley M. Kancigor, General Counsel and Secretary
(Typed or printed name and capacity of person signing application)

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Conviva Inc. DIRECTORS			
NAME	TITLE	BUSINESS ADDRESS (No PO Box)	RESIDENCE ADDRESS (No PO Box)
Hui Zhang	Co-Founder, Chairman and Chief Scientist	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
William N. Demas	CEO	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
Ion Stoica	Co-Founder, and Chief Technology Officer	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
Ashu Garg	Managing Director Foundation Capital	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
Peter Sonsini	Managing Director NEA	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
David Habiger	CEO, JD Power and Associates	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
Chris Cooper	Partner, Pelion Venture Partners	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
		Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP: -	ADDRESS: CITY: STATE: ZIP: -

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Conviva Inc. OFFICERS		
NAME	BUSINESS ADDRESS (No PO Box)	RESIDENCE ADDRESS (No PO Box)
William N. Demas	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
Gregory S. Ayers	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
Hui Zhang	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
Aditya Ganjam	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
Will Anastas	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
Keith Zubchevich	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
Lan Nguyen	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94409 - 4201
Bradley M. Kancigor	Check if none: <input type="checkbox"/> ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201	ADDRESS: 989 E. Hillsdale Blvd, #400 CITY: Foster City STATE: CA ZIP: 94404 - 4201
	Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP: -	ADDRESS: CITY: STATE: ZIP: -

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONVIVA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



4107416 8300

SR# 20207179630

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203621648

Date: 09-09-20