

2/2/23, 11:28 AM

Division of Corporations

F2300000642

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

\*\*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  
SALESLOFT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu Help

S. ROBERTS

FEB - 3 2023

DocuSign Envelope ID: F6F8BE3E-D785-4DF2-A599-A1F595CA38FF

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. SALESLOFT, 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. 45-3274471  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/31/2014 5.   
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1180 W Peachtree St NW, Suite 2400, Atlanta, GA 30309-3483  
(Principal office street 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 FL 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 SEAN L. EMERICK, ASSISTANT SECRETARY

By: SEAN L. EMERICK  
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

☒ Chairman Name: Maneet S. Saroya  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 1180 W Peachtree St NW, Suite 2400  
☐ President Atlanta, GA 30309-3483  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: John Stalder  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 1180 W Peachtree St NW, Suite 2400  
☐ President Atlanta, GA 30309-3483  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

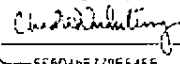
☐ Chairman Name: Shannon Bracken  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 1180 W Peachtree St NW, Suite 2400  
☐ President Atlanta, GA 30309-3483  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Craig Hayman  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 1180 W Peachtree St NW, Suite 2400  
☐ President Atlanta, GA 30309-3483  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Kyle Porter  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 1180 W Peachtree St NW, Suite 2400  
☐ President Atlanta, GA 30309-3483  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Pravin Vazirani  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 1180 W Peachtree St NW, Suite 2400  
☐ President Atlanta, GA 30309-3483  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  Signature of Director or Officer  
DocuSigned by: F6F8BE3E-D785-4DF2-A599-A1F595CA38FF

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.817.135, F.S.

13. Chad wonderling Chief Accounting Officer  
 (Typed or printed name and capacity of person signing application)

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Entity names - SALESLOFT, INC.

Officers and Director Address - 1180 W Peachtree St NW, Suite 2400, Atlanta, GA 30309-3483

Directors	
	Maneet S. Saroya
	John Stalder
	Shannon Bracken
	Craig Hayman
	Kyle Porter
	Pravin Vazirani
Officers	
Chairman of the Board	Maneet S. Saroya
Chief Executive Officer	Kyle Porter
Chief Financial Officer	Chad Gold
President and Secretary	John Stalder
Chief Product Officer	Ellie Fields
Vice President and Assitant Secretary	Shannon Bracken
Chief Technology Officer	Scott Mitchell
Chief Revenue Officer	Steve Goldberg
Head of Divercity, Equity & Inclusion	Cherie Caldwell
Chief Accounting Officer	Chad Wonderling

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SALESLOFT, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE  
BEEN PAID TO DATE.



5578565 8300

SR# 20230286314

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202592759

Date: 01-27-23