F24000005359

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





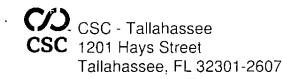
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850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 10/02/24 Order #: 1632203-1

Re: Usertesting Technologies, Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

rest de ma Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

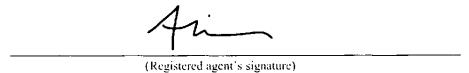
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

UserTesting Tec	_		
	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION	
(If name unavails	ible in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)
California	3.		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
5/31/2007	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
September 1, 20	24		
1484 Pollard Roa	d, #271, Los Gatos, CA 95032 (Principal office	etmat addraw)	
	(rincipal office	<u>street</u> address)	
	(Current mailing a	iddress, if different)	264 O
Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	Corporation Service Company		<u>-</u>
Office Address:	1201 Hayes Street	_	mg . Ud
	Tallahassee	, Florida	့
	(City)	(Zip code)	<u>~.</u>

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.



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.

A. DIRECTORS Name: ____ Name: ____ □Chairman ☐ Chairman 1484 Pollard Road 1484 Pollard Road Address: Address: ☐ Vice Chairman □ Vice Chairman Suirte 271 Suite 271 Director □ Director Los Gatos, CA 95032 Los Gatos, CA 95032 □President President ☐ Vice President □ Vice President □Treasurer ■ Secretary Treasurer. □ Secretary ■Other ____ ■Other CFO □Other _____ □Other _____ Hal O'Donnell AJ Rhode Name: ___ □ Chairman □Chairman Address: ____ 1484 Pollard Road □ Vice Chairman □Vice Chairman Address: _ Suite 271 Suite 271 □ Director Director Los Gatos, CA 95032 Los Gatos, CA 95032 □ President □President ■ Vice President □Vice President □Treasurer □ Treasurer ☐ Secretary □ Secretary Ther Chief Accounting Officer □Other □Other ______ __ □Other Name: Sameer Kumar Name: _____Nicolaas Vlok □ Chairman □Chairman 1484 Pollard Road 1484 Pollard Road Address: _ Address: □ Vice Chairman ☐ Vice Chairman Suite 271 Suite 271 ■ Director Director Los Gatos, CA 95032 Los Gatos, CA 95032 □President □ President ☐ Vice President □Vice President □Treasurer ☐ Secretary □Treasurer □Secretary □Other ____ □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. Hal M. & Donnell 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

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 o 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.

Hal O'Donnell, SVP and Chief Accounting Officer

Attachment

Additional Directors of UserTesting Technologies, Inc.

- 1. Jay Larson, 1484 Pollard Road, #271, Los Gatos, CA 95032
- 2. Pete Boyes, 1484 Pollard Road, #271, Los Gatos, CA 95032
- 3. Gustavo Alberelli, 1484 Pollard Road, #271, Los Gatos, CA 95032



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies

Entity Name: USERTESTING TECHNOLOGIES,

Formed In: CALIFORNIA Entity No.: 3000610

Entity Type: Stock Corporation - CA - General

Issuance Date: 09/23/2024

Copies Requested: 1

Receipt No.: 008087060

Certificate No.: 249644236

Document Listing

Reference #

Date Filed

Filing Description

Number of Pages

B1972-4050

08/03/2023

Restated Articles of Incorporation

End of list *****

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on September 23, 2024.

SHIRLEY N. WEBER, PH.D. Secretary of State

To verify the issuance of this Certificate, use the Certifcate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.