

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003573

**Entity Name:** PERFICIENT, INC.**Current Principal Place of Business:**555 MARYVILLE UNIVERSITY DRIVE  
SUITE 600  
SAINT LOUIS, MO 63141**Current Mailing Address:**555 MARYVILLE UNIVERSITY DRIVE  
SUITE 600  
SAINT LOUIS, MO 63141 US**FEI Number:** 74-2853258**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR  
Name KACKLEY, JAMES R.  
Address 555 MARYVILLE UNIVERSITY DRIVE  
SUITE 600  
City-State-Zip: SAINT LOUIS MO 63141

Title COO  
Name HENELY, KATHRYN J.  
Address 555 MARYVILLE UNIVERSITY DRIVE  
SUITE 600  
City-State-Zip: SAINT LOUIS MO 63141

Title DIRECTOR  
Name HAMLIN, JOHN S.  
Address 555 MARYVILLE UNIVERSITY DRIVE  
SUITE 600  
City-State-Zip: SAINT LOUIS MO 63141

Title DIRECTOR  
Name DERRICKSON, RALPH C.  
Address 555 MARYVILLE UNIVERSITY DRIVE  
SUITE 600  
City-State-Zip: SAINT LOUIS MO 63141

Title CEO/PRESIDENT  
Name DAVIS, JEFFREY S.  
Address 555 MARYVILLE UNIVERSITY DRIVE  
SUITE 600  
City-State-Zip: SAINT LOUIS MO 63141

Title TREASURER/SECRETARY  
Name MARTIN, PAUL E.  
Address 555 MARYVILLE UNIVERSITY DRIVE  
SUITE 600  
City-State-Zip: SAINT LOUIS MO 63141

Title DIRECTOR  
Name DAVIS, JEFFREY S.  
Address 555 MARYVILLE UNIVERSITY DRIVE  
SUITE 600  
City-State-Zip: SAINT LOUIS MO 63141

Title DIRECTOR  
Name KACKLEY, JAMES R.  
Address 555 MARYVILLE UNIVERSITY DRIVE  
SUITE 600  
City-State-Zip: SAINT LOUIS MO 63141

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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:** PAUL E. MARTINCHIEF FINANCIAL  
OFFICER

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                LUNDEEN, DAVID S.  
Address            555 MARYVILLE UNIVERSITY DRIVE  
                      SUITE 600  
City-State-Zip:    SAINT LOUIS MO 63141

Title                 CFO  
Name                MARTIN, PAUL E.  
Address            555 MARYVILLE UNIVERSITY DRIVE  
                      SUITE 600  
City-State-Zip:    SAINT LOUIS MO 63141

Title                 DIRECTOR  
Name                MAY, DAVID D.  
Address            555 MARYVILLE UNIVERSITY DRIVE  
                      SUITE 600  
City-State-Zip:    SAINT LOUIS MO 63141