

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000002663

**Entity Name:** HEALTHEQUITY, INC.**Current Principal Place of Business:**15 W SCENIC POINTE DR.  
STE. 100  
DRAPER, UT 84020**Current Mailing Address:**15 W SCENIC POINTE DR.  
STE. 100  
DRAPER, UT 84020 US**FEI Number:** 52-2383166**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 SECRETARY  
Name LADD, DELANO  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title CFO  
Name MURDOCK,, TYSON  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title PRESIDENT/CEO  
Name KESSLER, JON  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name PARKER, STUART  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name WELLBORN, GAYLE  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name SACKS, IAN  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name MCCOWAN, DEBRA  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name DILSAVER, EVELYN  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

**Continues on page 2**

*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:** DELANO LADD

SECRETARY

02/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DILLON, ADRIAN T.  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name CORVINO, FRANK A.  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name DILLON, ADRIAN T.  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name BLACK, PAUL  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name KESSLER, JON  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title CHAIRMAN  
Name SELANDER,, ROBERT  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name NATARAJAN, RAJESH  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020

Title DIRECTOR  
Name NEELEMAN, STEPHEN  
Address 15 W SCENIC POINTE DR.  
STE. 100  
City-State-Zip: DRAPER UT 84020