



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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DEPARTMENT OF STATE
CORPORATIONS DIV
2019 DEC 10 PM 12:39

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Collibra Inc.		
2. It is incorporated under the laws of:		
Delaware		
3. The name, if different, which it elects to use in Rhode Island is:		
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:		
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 03/07/2013		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is:		
61 Broadway, Suite 3100, New York, NY 10006		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name		
C T Corporation System		
Street Address (<u>NOT</u> a P.O. Box)		
450 Veterans Memorial Parkway, Suite 7A		
City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 150 - Revised 12/2017


7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: 

Data governance and software sales.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated): 


NAME	ADDRESS
Felix Van De Maele	61 Broadway, Suite 3100, New York, NY 10006
Michelle Rosen	61 Broadway, Suite 3100, New York, NY 10006
Sebastien Giroux	61 Broadway, Suite 3100, New York, NY 10006

Check the box to indicate an attachment ☐


8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated): 

OFFICE	NAME	ADDRESS
PRESIDENT	Felix Van De Maele	61 Broadway, Suite 3100, New York, NY 10006
VICE PRESIDENT		
TREASURER	Sebastien Giroux	61 Broadway, Suite 3100, New York, NY 10006
SECRETARY	Michelle Rosen	61 Broadway, Suite 3100, New York, NY 10006


Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is: 


NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,500	Common		\$0.0001

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.) 

0 _____ %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.) 


0 _____ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing. 

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY** 

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct. 

Type or Print Name of Authorized Officer

Date

Patricia Belanger

12/09/2019

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 150 - Revised: 12/2017

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Collibra Inc. ("corporation"), a corporation incorporated under the laws of the state of Delaware, does hereby appoint Patricia Belanger, Jennifer Kurz, Lindsay Plummer, Peter Trawinski, and Michele Holdenshall, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the corporation to act for the corporation and in the corporation's name for the limited purposes authorized herein.

The corporation, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to qualify the corporation in any state, as directed and authorized by the corporation.


In the execution of any documents necessary for the sole, limited purpose, set forth herein, Patricia Belanger, Jennifer Kurz, Lindsay Plummer, Peter Trawinski, and Michele Holdenshall exercise the power of Vice President or Secretary.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this November 15, 2019.

Collibra Inc.

A Delaware Corporation

By: 
Name: SEBASTIEN GIROUX
Title: CHIEF FINANCIAL OFFICER

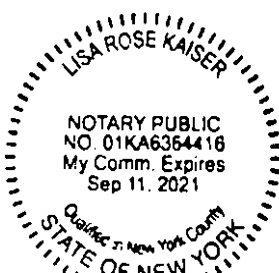
State of New York

County of New York

On November 15, 2019 before me, the undersigned, a Notary Public in and for said State, personally appeared Sebastien Giroux, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me he/she/they executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal.


Lisa Rose Kaiser, Notary Public



Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLLIBRA 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 NOVEMBER, A.D. 2019.

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.

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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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204103512

Date: 11-27-19