



State of Rhode Island

Department of State - Business Services Division

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2021 NOV 22 PM 2:17

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: Workiva 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: 4/14/2014 9/17/2014 And the period of its duration is: CHECK ONE BOX ONLY ☒ Perpetual (on-going) ☐ Date certain for dissolution _____		
5. The address of its principal office is: 2900 University Blvd Ames, IA 50010		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Cogency Global Inc. Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard City/Town Warwick State RHODE ISLAND Zip Code 02888		

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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BY **QAB QNK HR**

FORM 150 - Revised 08/2020

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

Online software sales to customers located in Rhode Island

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
See attached	

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	See attached	
VICE PRESIDENT		
TREASURER		
SECRETARY		

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
1,000,000,000	A	Common	0.001
500,000,000	B	Common	0.001
100,000,000		Preferred	0.001

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.)

0.0042949 %

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.)

0.4986368 %

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.

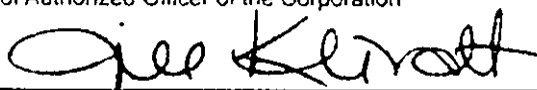
Type or Print Name of Authorized Officer

Jill Klindt

Date

11/15/2021

Signature of Authorized Officer of the Corporation



Workiva Inc.

The name and addresses of officers and directors:

OFFICERS:

President and Chief Executive Officer (<i>Principal Executive Officer</i>)	Martin J. Vanderploeg 2900 University Blvd. Ames, IA 50010
Executive Vice President and Chief Operating Officer	Julie Iskow 2900 University Blvd. Ames, IA 50010
Executive Vice President, Chief Legal Officer and Corporate Secretary	Brandon E. Ziegler 2900 University Blvd. Ames, IA 50010
Executive Vice President and Chief Technology Officer	Jeffrey D. Trom 2900 University Blvd. Ames, IA 50010
Senior Vice President, Chief Financial Officer, Chief Accounting Officer, and Treasurer (<i>Principal Financial and Accounting Officer</i>)	Jill E. Klindt 2900 University Blvd. Ames, IA 50010
Executive Vice President, Chief Customer Officer	Mithun Banarjee 2900 University Blvd. Ames, IA 50010
Executive Vice President, Sales	Michael Hawkins 2900 University Blvd. Ames, IA 50010

DIRECTORS:

Martin J. Vanderploeg 2900 University Blvd. Ames, IA 50010	Robert H. Herz 2900 University Blvd. Ames, IA 50010
David S. Mulcahy 2900 University Blvd. Ames, IA 50010	Brigid A. Bonner 2900 University Blvd. Ames, IA 50010
Michael M. Crow 2900 University Blvd. Ames, IA 50010	Suku Radia 2900 University Blvd. Ames, IA 50010
Julie Iskow 2900 University Blvd. Ames, IA 50010	

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WORKIVA 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 ELEVENTH DAY OF NOVEMBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WORKIVA INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2014.

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



5602150 8300

SR# 20213768721

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 204662558

Date: 11-11-21