



State of Rhode Island  
**Department of State - Business Services Division**

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 RI DEPT. OF STATE  
 BUS SVCS DIV  
 2021 DEC 21 PM 12:54

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|                                                                                                                                                                                                            |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1. Entity ID Number<br>001720953                                                                                                                                                                           | 2. Exact Name of the Corporation<br>Apttus Corporation |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address 222 JEFFERSON BOULEVARD, SUITE 200                             |                                                        |
| City/Town WARWICK                                                                                                                                                                                          | State <b>RHODE ISLAND</b> Zip 02888                    |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>CORPORATION SERVICE COMPANY                                                       |                                                        |
| 5. The address of the <b>NEW</b> registered office is:<br>Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A                                                                  |                                                        |
| City/Town East Providence                                                                                                                                                                                  | State <b>RHODE ISLAND</b> Zip 02914                    |
| 6. The name of the <b>NEW</b> registered agent is:<br>C T Corporation System                                                                                                                               |                                                        |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                     |                                                        |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____                         |                                                        |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i> |                                                        |
| Name of Authorized Officer of the Corporation<br>Tracy Kellner, Attorney-in-Fact                                                                                                                           | Date<br>12/09/2021                                     |
| Signature of Authorized Officer of the Corporation<br>                                                                                                                                                     |                                                        |

**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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