

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001479

**Entity Name:** WORKIVA INC.**Current Principal Place of Business:**2900 UNIVERSITY BLVD.  
AMES, IA 50010**Current Mailing Address:**2900 UNIVERSITY BLVD.  
AMES, IA 50010 US**FEI Number:** 47-2509828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET, SUITE 4  
TALLAHASSEE, FL 32301 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 EVP/S/GENERAL COUNSEL  
Name ZIEGLER, BRANDON  
Address 2900 UNIVERSITY BLVD.  
City-State-Zip: AMES IA 50010

Title CFO, TREASURER, EVP  
Name KLINDT, JILL E  
Address 2900 UNIVERSITY BLVD.  
City-State-Zip: AMES IA 50010

Title DIRECTOR  
Name CROW, MICHAEL M  
Address 2900 UNIVERSITY BLVD.  
City-State-Zip: AMES IA 50010

Title DIRECTOR  
Name HERZ, ROBERT H  
Address 2900 UNIVERSITY BLVD.  
City-State-Zip: AMES IA 50010

Title DIRECTOR  
Name MULCAHY, DAVID S  
Address 2900 UNIVERSITY BLVD.  
City-State-Zip: AMES IA 50010

Title DIRECTOR  
Name RADIA, SUKU  
Address 2900 UNIVERSITY BLVD.  
City-State-Zip: AMES IA 50010

Title DIRECTOR  
Name BONNER, BRIGID A.  
Address 2900 UNIVERSITY BLVD.  
City-State-Zip: AMES IA 50010

Title PRESIDENT, CEO  
Name ISKOW, JULIE  
Address 2900 UNIVERSITY BLVD.  
City-State-Zip: AMES IA 50010

**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:** JILL KLINDT

CFO

04/14/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   EVP  
Name                 HAWKINS, MICHAEL  
Address             2900 UNIVERSITY BLVD.  
City-State-Zip:    AMES IA 50010

Title                   DIRECTOR  
Name                 VANDERPLOEG, MARTIN J  
Address             2900 UNIVERSITY BLVD.  
City-State-Zip:    AMES IA 50010