

1.) CORPORATION NAME:

Knoll, Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1401456**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|-------------|
| COMMON | 200,000,000 |
| PREF | 10,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1235 WATER ST

CITY/ST/ZIP: EAST GREENVILLE, PA 18041

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|---------------------------|---|-----------------------------------|
| NAME: | LYNN M UTTER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | P/COO | | |
| ADDRESS: | 1235 WATER STREET | | |
| CITY/ST/ZIP/CO: | EAST GREENVILLE, PA 18041 | | |

| | | | |
|-----------------|---------------------------|---|-----------------------------------|
| NAME: | MICHAEL A POLLNER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VP/GC/SECRETARY | | |
| ADDRESS: | 1235 WATER STREET | | |
| CITY/ST/ZIP/CO: | EAST GREENVILLE, PA 18041 | | |

| | | | |
|-----------------|---------------------------|---|-----------------------------------|
| NAME: | BARRY L MC CABE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | EVP/CFO/T/C | | |
| ADDRESS: | 1235 WATER STREET | | |
| CITY/ST/ZIP/CO: | EAST GREENVILLE, PA 18041 | | |

| | | | |
|-----------------|-----------------------------|---|--|
| NAME: | ANDREW B COGAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CEO | | |
| ADDRESS: | 1330 Avenue of the Americas | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10019 | | |

| | | | |
|-----------------|-----------------------------|---|--|
| NAME: | BURTON B STANIAR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHM | | |
| ADDRESS: | 1330 Avenue of the Americas | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10019 | | |

| | | | |
|-----------------|---------------------------|---|-----------------------------------|
| NAME: | JEFFREY BLOM | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SVP | | |
| ADDRESS: | 1235 WATER STREET | | |
| CITY/ST/ZIP/CO: | EAST GREENVILLE, PA 18041 | | |

| | | | |
|--|---|---|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | BENJAMIN A. PARDO EVP, Design 1330 Avenue of the Americas NEW YORK, NY 10019 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DAVID SCHUTTE SVP 1330 Avenue of the Americas NEW YORK, NY 10019 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN WILSON ASST SECRETARY 1235 WATER STREET EAST GREENVILLE, PA 18041 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | KATHLEEN G. BRADLEY DIRECTOR 2146 CALIFORNIA ROAD RICHKLANDTOWN, PA 18955 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | STEPHEN F. FISHER DIRECTOR 401CITY AVE., SUITE 809 BALA CYNWYD, PA 19004 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JEFFREY A. HARRIS DIRECTOR 400 W. 12TH ST. #9C NEW YORK, NY 10014 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SIDNEY LAPIDUS DIRECTOR 450 LEXINGTON AVE. NEW YORK, NY 10017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN F. MAYPOLE DIRECTOR 14 SHERWOOD DRIVE MOUNTAIN LAKES, NJ 07046 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SARAH E. NASH DIRECTOR 898 PARK AVE. NEW YORK, NY 10075 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Karen Clary SVP, H.R. 1235 Water Street East Greenville, PA 18041 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Stephanie Stahl DIRECTOR 450 West 33rd St. 7th Floor New York, NY 10001 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

| | | |
|--|---|-----------------------------------|
| NAME: Pamela J Ahrens TITLE: SVP-Sales&Dist. ADDRESS: 1235 Water Street CITY/ST/ZIP/CO: East Greenville, PA 18041 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|--|---|-----------------------------------|

| | | |
|--|---|-----------------------------------|
| NAME: Craig B Spray TITLE: SVP & CFO ADDRESS: 1235 Water Street CITY/ST/ZIP/CO: East Greenville, PA 18041 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|--|---|-----------------------------------|

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|--|---|--------------------|
| /s/ MICHAEL A POLLNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | MICHAEL A POLLNER, VP/GC/SECRETARY PRINTED NAME AND CORPORATE TITLE | 11/23/2013 DATE |
|--|---|--------------------|

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.