

1.) CORPORATION NAME:

**Varonis Systems, Inc.**

DUE DATE: **3/31/2012**

SCC ID NO: **F1742354**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 26,000,000 |
| PREFER | 16,725,082 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 499 7TH AVE  
SOUTH TOWER 23RD FLOOR - SOUTH TOWER

CITY/ST/ZIP: NEW YORK, NY 10018-

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: YAKI FAITELSON  OFFICER  DIRECTOR  
 TITLE: CEO/P/S  
 ADDRESS: 499 7TH AVE  
 SOUTH TOWER 23RD FLOOR - SOUTH TOWER  
 CITY/ST/ZIP/CO: NEW YORK, NY 10018-

NAME: GILI IOHAN  OFFICER  DIRECTOR  
 TITLE: CFO  
 ADDRESS: 499 7TH AVE  
 SOUTH TOWER 23RD FLOOR - SOUTH TOWER  
 CITY/ST/ZIP/CO: NEW YORK, NY 10018-

NAME: KEVIN COMOLLI  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 499 7TH AVE  
 SOUTH TOWER 23RD FLOOR - SOUTH TOWER  
 CITY/ST/ZIP/CO: NEW YORK, NY 10018-

NAME: RONA SEGAV GAL  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 499 7TH AVE  
 SOUTH TOWER 23RD FLOOR - SOUTH TOWER  
 CITY/ST/ZIP/CO: NEW YORK, NY 10018-

|  |                                  |  |
|--|----------------------------------|--|
| NAME: EREZ SHACHAR<br>TITLE: DIRECTOR<br>ADDRESS: 499 7TH AVE<br>SOUTH TOWER 23RD FLOOR - SOUTH TOWER<br>CITY/ST/ZIP/CO: NEW YORK, NY 10018- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|----------------------------------|--|

|  |   |                                   |
|--|---|-----------------------------------|
| NAME: OHAD KORKUS<br>TITLE: VICE PRESIDENT<br>ADDRESS: 499 7TH AVE<br>SOUTH TOWER, 23RD FLOOR - SOUTH TOWER<br>CITY/ST/ZIP/CO: NEW YORK, NY 10018- | <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.

|   |                                  |                  |
|---|----------------------------------|------------------|
| <u>/s/ YAKI FAITELSON</u>                           | <u>YAKI FAITELSON, CEO/P/S</u>   | <u>1/18/2012</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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.