

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214539256

1.) CORPORATION NAME:

**Appirio Inc.**

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1767427**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	70,000,000
PREFER	34,914,977

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 760 MARKET STREET  
11TH FLOOR

CITY/ST/ZIP: SAN FRANCISCO, CA 94102

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: CHRIS BARBIN  OFFICER  DIRECTOR  
 TITLE: PRES/CEO/DIR  
 ADDRESS: 760 MARKET STREET, 11TH FLOOR  
 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94102

NAME: NARINDER SINGH  OFFICER  DIRECTOR  
 TITLE: VP/DIR  
 ADDRESS: 760 MARKET STREET, 11TH FLOOR  
 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94102

NAME: MARK O'CONNOR  OFFICER  DIRECTOR  
 TITLE: TREASURER  
 ADDRESS: 760 MARKET STREET, 11TH FLOOR  
 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94102

NAME: DAN LASCELL  OFFICER  DIRECTOR  
 TITLE: SECRETARY  
 ADDRESS: 760 MARKET STREET, 11TH FLOOR  
 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94102

NAME: JEFF EPSTEIN  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: C/O BESSEMER VENTURE PARTNERS  
 535 MIDDLEFIELD ROAD, SUITE 245  
 CITY/ST/ZIP/CO: MENLO PARK, CA 94025

NAME: JIM GOETZ  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 3000 SAND HILL ROAD  
 #4-180  
 CITY/ST/ZIP/CO: MENLO PARK, CA 94025

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY M. REINER DIRECTOR C/O GENERAL ATLANTIC THREE PICKWICK PLAZA GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF RICHARDS DIRECTOR 2494 SAND HILL ROAD STE 100 MENLO PARK, CA 94025	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT THOMPSON DIRECTOR C/O ADOBE 345 PARK AVENUE SAN JOSE, CA 95110	<input type="checkbox"/> OFFICER	<input checked="" 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/ MARK O'CONNOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK O'CONNOR, TREASURER PRINTED NAME AND CORPORATE TITLE	8/14/2014 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.			