Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

20-E09277

FILED

In the office of the Secretary of State
of the State of California

OCT 09, 2020

This Space For Office Use Only

IMPORTANT — Read instructions **before completing this form.**

Filing Fee – $20.00

Copy Fees – First page $1.00; each attachment page $0.50;
Certification Fee - $5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

ONE IDENTITY LLC

2. 12-Digit Secretary of State File Number	3. State, Foreign Country or Place of Organization (only if formed outside of California)
201628110104	DELAWARE

4. Business Addresses

	City (no abbreviations)	State	Zip Code
a. Street Address of Principal Office - Do not list a P.O. Box 4 Polaris Way	Aliso Viejo	CA	92656
b. Mailing Address of LLC, **if different than item 4a** 4 Polaris Way	Aliso Viejo	CA	92656
c. Street Address of **California** Office, if Item 4a is not in California - Do not list a P.O. Box 4 Polaris Way	Aliso Viejo	**CA**	92656

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

First Name	Middle Name	Last Name	Suffix
a. Isaac		Kim	
b. Entity Name - Do not complete Item 5a			
c. Address: 4 Polaris Way	City: Aliso Viejo	State: CA	Zip Code: 92656

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

First Name	Middle Name	Last Name	Suffix
a. California Agent's First Name (if agent is **not** a corporation)			
b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**	City (no abbreviations)	State: **CA**	Zip Code

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERVICE (C1592199)

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company

computer software and hardware products

8. Chief Executive Officer, if elected or appointed

First Name	Middle Name	Last Name	Suffix
a.			
b. Address	City (no abbreviations)	State	Zip Code

9. The Information contained herein, including any attachments, is true and correct.

Date	Type or Print Name of Person Completing the Form	Title	Signature
10/09/2020	Bradley O. Haque	Manager	

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Company:

Address:

City/State/Zip:

Attachment to Statement of Information (Limited Liability Company)

LLC-12A Attachment

20-E09277

A. Limited Liability Company Name

ONE IDENTITY LLC

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B. 12-Digit Secretary of State File Number

201628110104

C. State or Place of Organization (only if formed outside of California)

DELAWARE

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name	Middle Name	Last Name	Suffix
Bruce		Kenny	
Entity Name			
Address	City (no abbreviations)	State	Zip Code
4 Polaris Way	Aliso Viejo	CA	92656
First Name	Middle Name	Last Name	Suffix
Michael		Kohlsdorf	
Entity Name			
Address	City (no abbreviations)	State	Zip Code
4 Polaris Way	Aliso Viejo	CA	92656
First Name	Middle Name	Last Name	Suffix
Bradley	O.	Haque	
Entity Name			
Address	City (no abbreviations)	State	Zip Code
4 Polaris Way	Aliso Viejo	CA	92656
First Name	Middle Name	Last Name	Suffix
Carolyn		McCarthy	
Entity Name			
Address	City (no abbreviations)	State	Zip Code
4 Polaris Way	Aliso Viejo	CA	92656
First Name	Middle Name	Last Name	Suffix
Dipanjan		Deb	
Entity Name			
Address	City (no abbreviations)	State	Zip Code
4 Polaris Way	Aliso Viejo	CA	92656
First Name	Middle Name	Last Name	Suffix
Brian		Decker	
Entity Name			
Address	City (no abbreviations)	State	Zip Code
4 Polaris Way	Aliso Viejo	CA	92656
First Name	Middle Name	Last Name	Suffix
David		Golob	
Entity Name			
Address	City (no abbreviations)	State	Zip Code
4 Polaris Way	Aliso Viejo	CA	92656

Attachment to Statement of Information (Limited Liability Company)

LLC-12A Attachment

20-E09277

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A. Limited Liability Company Name

ONE IDENTITY LLC

B. 12-Digit Secretary of State File Number	**C. State or Place of Organization** (only if formed outside of California)
201628110104	DELAWARE

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name	Middle Name	Last Name	Suffix
Christine		Wang	

Entity Name

Address	City (no abbreviations)	State	Zip Code
4 Polaris Way	Aliso Viejo	CA	92656

First Name	Middle Name	Last Name	Suffix

Entity Name

Address	City (no abbreviations)	State	Zip Code

First Name	Middle Name	Last Name	Suffix

Entity Name

Address	City (no abbreviations)	State	Zip Code

First Name	Middle Name	Last Name	Suffix

Entity Name

Address	City (no abbreviations)	State	Zip Code

First Name	Middle Name	Last Name	Suffix

Entity Name

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First Name	Middle Name	Last Name	Suffix

Entity Name

Address	City (no abbreviations)	State	Zip Code

First Name	Middle Name	Last Name	Suffix

Entity Name

Address	City (no abbreviations)	State	Zip Code