



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
201628110104

3. State, Foreign Country or Place of Organization (only if formed outside of California)
DELAWARE

4. Business Addresses

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

a. First Name, if an individual - Do not complete Item 5b Isaac	Middle Name	Last Name Kim	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 4 Polaris Way	City (no abbreviations) 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.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
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

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

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

10/09/2020

Date

Bradley O. Haque

Type or Print Name of Person Completing the Form

Manager

Title

Signature

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

This Space For Office Use Only

B. 12-Digit Secretary of State File Number

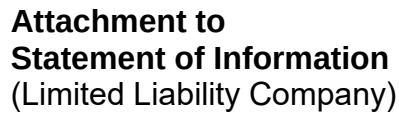
201628110104

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



20-E09277

ONE IDENTITY LLC

201628110104

DELAWARE

[illegible]