

CERTIFICATE OF INTERESTED PARTIES**FORM 1295**

1 of 2

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
 2017-241910

Date Filed:
 07/27/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Varonis Systems, Inc.
 NYC (offices location), NY United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Collin County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2017-313
 License for Varonis' software as well as support services and other associated services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|----------------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
| | Waypoint Business Solutions LLC | Houston, TX United States | | X |
| | Mendoza (Director), Thomas F. | N/A, NY United States | X | |
| | Korkus (CTO, Director), Ohad | N/A, NY United States | X | |
| | Faitelson (CEO, Director), Yakov | N/A, NY United States | X | |
| | Van Den Bosch (Director), Fred | N/A, NY United States | X | |
| | Gavin, Jr. (Director), John J.. | N/A, NY United States | X | |
| | Comolli (Director), Kevin | N/A, NY United States | X | |
| | Iohan (Director), Gili | N/A N/A Israel | X | |
| | Segev (Director), Ofer | N/A N/A Israel | X | |
| | Segev-Gal (Director), Rona | N/A N/A Israel | X | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CERTIFICATE OF INTERESTED PARTIES**FORM 1295**

2 of 2

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2017-241910

Date Filed:
07/27/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Varonis Systems, Inc.
 NYC (offices location), NY United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Collin County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

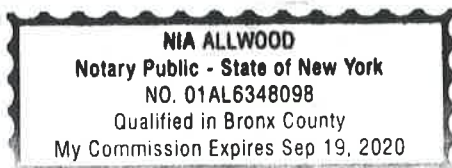
2017-313

License for Varonis' software as well as support services and other associated services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5 Check only if there is NO Interested Party.
☐
6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Signature]
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Obayke, this the 27 day of July, 2017, to certify which, witness my hand and seal of office.

[Signature]
 Signature of officer administering oath

Nia Allwood
 Printed name of officer administering oath

Notary Republic
 Title of officer administering oath