

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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4/10/2023

Date

Asst. Secretary

Title

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/11/2023 8:52 AM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.qov		ate of Authority Business Entity)		
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following	9	applies for authority to transact	business in Kentucky of	on behalf of the entity named below
The entity is a: profit corpora business trus limited partner non-profit llc The name of the entity is	rship Itd co	orofit corporation and liability company coperative association assional service corporation Workhorse Technolog	statutory trust public benefit other ies Inc.	
3. The name of the entity to be used in R4. The state or country under whose law5. The date of organization is	the entity is organized is 02/20/2007	only provide if "real name" is	unavailable for use; c Ohio on is	otherwise, leave blank.) on is considered perpetual.)
6. The mailing address of the entity's pri 3600 Park 42 D		Sharonville		45241
7. The street address of the entity's regi 828 Lane Allen I Street Address (No P.O. Box Numbers	Road Suite 219	City Lexington City	State KY Sta	Zip Code 40 504
and the name of the registered agent at 8. The names and business addresses See attached	that office is	Cogeno	y Global Inc.	
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of the Uni			
10. I certify that, as of the date of filing the	nis application, the above-name	ed entity validly exists under the	e laws of the jurisdiction	of its formation.
11. If a limited partnership, it elects to be	a limited liability limited partne	ership. Check the box if applica	able:	
12. If a limited liability company, check	box if manager-managed:			
13. This application will be effective upo	n filing.	James Harrington, Secr	retary	1/10/2023
Signature of Author/zed Representative		Printed Name & Title		Date
I, Cogency GI Type/Print Name of Registered Agent	obal Inc.	, consent to serve as the reg	istered agent on behal	f of the business entity.

Shannon M Maddox Printed Name

Signature of Registered Agent

Officers and Directors of Workhorse Technologies Inc.

Name	Title	Address	
Richard Dauch	Chief Executive Officer	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
John Graber	President, Aerospace	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Josh Anderson	Chief Technology Officer	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Kerry Roraff	Chief Human Resources Officer	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Jeff Mowry	Chief Information Officer	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Ben Drake	Vice President, Governmental Affairs	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Courtney Baird	Director of Financial Reporting	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Robert Ginnan	Director/Chief Financial Officer	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Ryan Gaul	President. Commercial Trucks	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
James Harrington	Director/Chief Administrative Officer, General Counsel, Secretary	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Greg Ackerson	Chief Accounting Officer	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Dave Bjerke	Vice President, Product Development	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Brad Hartzell	Vice President, Manufacturing	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	
Michael Elliott	Corporate Counsel, Assistant Secretary	3600 Park 42 Dr., Suite 160E Sharonville, OH 45241	