

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853146 (9)

1. Corporation Name
APPLE COMPUTER, INC.



Principal Place of Business: **APPLE COMPUTER, INC. ONE INFINITE LOOP MS: 36 TX CUPERTINO CA 95014 US**

Mailing Address: **APPLE COMPUTER, INC. ONE INFINITE LOOP MS: 36 TX CUPERTINO CA 75014 US**

3. Date Incorporated or Qualified: **06/18/1982** 3a. Date of Last Report: **02/24/1995**

4. FEI Number: **94-2404110** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 Same as above**

2a. Mailing Address: **26 Same as above**

22. City & State: **27**

23. Zip: **28** Country: **29**

24. Zip: **25** Country: **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	SPINDLER, MICHAEL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: SPINDLER, MICHAEL	20525 MARIANI AVE.	1.2 NAME:	
STREET ADDRESS: 20525 MARIANI AVE.	CUPERTINO CA 95014	1.3 STREET ADDRESS:	
CITY-STATE-ZIP:		1.4 CITY-STATE-ZIP:	
TITLE: V <input type="checkbox"/> DELETE	GRAZIANO, JOSEPH A	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: GRAZIANO, JOSEPH A	20525 MARIANI AVE.	2.2 NAME:	
STREET ADDRESS: 20525 MARIANI AVE.	CUPERTINO CA	2.3 STREET ADDRESS:	
CITY-STATE-ZIP:		2.4 CITY-STATE-ZIP:	
TITLE: VM <input type="checkbox"/> DELETE	DIERY, IAN W.	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DIERY, IAN W.	20525 MARIANI AVE.	3.2 NAME:	
STREET ADDRESS: 20525 MARIANI AVE.	CUPERTINO CA 95014	3.3 STREET ADDRESS:	
CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP:	
TITLE: V <input type="checkbox"/> DELETE	EILERS, DANIEL L.	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: EILERS, DANIEL L.	20525 MARIANI AVE.	4.2 NAME:	
STREET ADDRESS: 20525 MARIANI AVE.	CUPERTINO CA 95014	4.3 STREET ADDRESS:	
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP:	
TITLE: V <input type="checkbox"/> DELETE	FORSYTH, G. FREDERICK	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FORSYTH, G. FREDERICK	20525 MARIANI AVE.	5.2 NAME:	
STREET ADDRESS: 20525 MARIANI AVE.	CUPERTINO CA 95014	5.3 STREET ADDRESS:	
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:	
TITLE: V <input type="checkbox"/> DELETE	NAGEL, DAVID C.	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: NAGEL, DAVID C.	20525 MARIANI AVE.	6.2 NAME:	
STREET ADDRESS: 20525 MARIANI AVE.	CUPERTINO CA 95014	6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Jimmy Page

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

Date

Daytime Phone #

CR2E034 (12/95)