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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 95014-2083 US

3. Date Incorporated or Qualified: 06/18/1982
3a. Date of Last Report: 01/30/1996
4. FEI Number: 94-2404110
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
2a. Mailing Address: 26 Same
Suite, Apt. #, etc.: 27
City & State: 23
Zip: 24 Country: 25
City & State: 28
Zip: 29 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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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: _____

12. OFFICERS AND DIRECTORS	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: SPINDLER, MICHAEL	
STREET ADDRESS: 20525 MARIANI AVE.	
CITY-ST-ZIP: CUPERTINO CA 95014	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: GRAZIANO, JOSEPH A	
STREET ADDRESS: 20525 MARIANI AVE.	
CITY-ST-ZIP: CUPERTINO CA	
TITLE: VM	<input checked="" type="checkbox"/> DELETE
NAME: DIERY, IAN W.	
STREET ADDRESS: 20525 MARIANI AVE.	
CITY-ST-ZIP: CUPERTINO CA 95014	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: EILERS, DANIEL L.	
STREET ADDRESS: 20525 MARIANI AVE.	
CITY-ST-ZIP: CUPERTINO CA 95014	
TITLE: V	<input type="checkbox"/> DELETE
NAME: FORSYTH, G. FREDERICK	
STREET ADDRESS: 20525 MARIANI AVE.	
CITY-ST-ZIP: CUPERTINO CA 95014	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: NAGEL, DAVID C.	
STREET ADDRESS: 20525 MARIANI AVE.	
CITY-ST-ZIP: CUPERTINO CA 95014	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Dr. Gilbert F. Amelio	
1.3 STREET ADDRESS: one infinite loop	
1.4 CITY-ST-ZIP: CUPERTINO, CA 95014	
2.1 TITLE: CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: Fred D. Anderson	
2.3 STREET ADDRESS: one infinite loop	
2.4 CITY-ST-ZIP: CUPERTINO, CA 95014	
3.1 TITLE: EXEC. VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: Ellen M. Hancock	
3.3 STREET ADDRESS: one infinite loop	
3.4 CITY-ST-ZIP: CUPERTINO, CA 95014	
4.1 TITLE: EXEC. VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: marco Landi	
4.3 STREET ADDRESS: one infinite loop	
4.4 CITY-ST-ZIP: CUPERTINO, CA 95014	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE: EXEC. VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: George M. Scalise	
6.3 STREET ADDRESS: one infinite loop	
6.4 CITY-ST-ZIP: CUPERTINO, CA 95014	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (9/96)