

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001861

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: VMWARE, INC.

**Current Principal Place of Business:**

3145 PORTER DR.  
PALO ALTO, CA 94304

**New Principal Place of Business:**

**Current Mailing Address:**

3145 PORTER DR.  
PALO ALTO, CA 94304

**New Mailing Address:**

FEI Number: 94-3292913      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GREENE, DIANE  
Address: 3145 PORTER DRIVE  
City-St-Zip: PALO ALTO, CA 94304

Title: SVD ( ) Delete  
Name: DACIER, PAUL T  
Address: 176 SOUTH ST.  
City-St-Zip: HOPKINTON, MA 01748

Title: SD ( ) Delete  
Name: PERMUT, SUSAN I  
Address: 176 SOUTH ST.  
City-St-Zip: HOPKINTON, MA 01748

Title: TD ( ) Delete  
Name: TEUBER, WILLIAM J JR  
Address: 176 SOUTH ST.  
City-St-Zip: HOPKINGON, MA 01748

Title: V (X) Delete  
Name: AUVIL, PAUL R  
Address: 3145 PORTER DRIVE  
City-St-Zip: PALO ALTO, CA 94304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL T. DACIER

SVD

03/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date