

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000001671

1. Entity Name  
MICROSOFT CORPORATION



FILED

04 FEB -4 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
ONE MICROSOFT WAY  
REDMOND, WA 98052-6399

Mailing Address  
% CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
91-1144442

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Deborah D. Skipper*

Deborah D. Skipper  
Asst. V. Pres.

2/4/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                     |
|----------------|-------------------------------------|
| TITLE          | CD                                  |
| NAME           | GATES, WILLIAM H III                |
| STREET ADDRESS | ONE MICROSOFT WAY                   |
| CITY-ST-ZIP    | REDMOND, WA 980526399               |
| TITLE          | D                                   |
| NAME           | SHIRLEY, JON A                      |
| STREET ADDRESS | P.O. BOX 685                        |
| CITY-ST-ZIP    | MEDINA, WA 98039                    |
| TITLE          | D                                   |
| NAME           | MARQUARDT, DAVID F                  |
| STREET ADDRESS | 2480 SAND HILL RD., SUITE 101       |
| CITY-ST-ZIP    | MENLO PARK, CA 94025                |
| TITLE          | DCEO                                |
| NAME           | BALLMER, STEVEN A                   |
| STREET ADDRESS | 3832 HUNTS POINT ROAD               |
| CITY-ST-ZIP    | BELLEVUE, WA 98004                  |
| TITLE          | D                                   |
| NAME           | REED, WM. GARY JR.                  |
| STREET ADDRESS | 1201 THIRD AVENUE BLDG., 49TH FLOOR |
| CITY-ST-ZIP    | SEATTLE, WA 981013009               |
| TITLE          | D                                   |
| NAME           | MCLAUGHLIN KOROLOGOS, ANN D         |
| STREET ADDRESS | 2311 M STREET, N.W., #706           |
| CITY-ST-ZIP    | WASHINGTON, DC 20037                |

400020202254

**DO NOT WRITE  
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin J. Fee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Fee, Asst. Secretary

1-28-04

Date

425-706-8080

Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 421388 4726922

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizeto*

ORDER DATE : February 2, 2004

ORDER TIME : 10:14 AM

ORDER NO. : 421388-010

CUSTOMER NO: 4726922

CUSTOMER: Ms Anita Pedersen  
Microsoft Corporation Legal  
Bldg. 8  
One Microsoft Way  
Redmond, WA 98052-6399

ANNUAL REPORT FILING

NAME: MICROSOFT CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 FEB -4 AM 11:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA