

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 24 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1072



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 91-1144442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GATES, WILLIAM H III ONE MICROSOFT WAY REDMOND, WA 980526399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRLEY, JON A P.O. BOX 685 MEDINA, WA 98039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUARDT, DAVID F 2480 SAND HILL RD., SUITE 101 MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BALLMER, STEVEN A 3832 HUNTS POINT ROAD BELLEVUE, WA 98004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ORNDORFF, BEN ONE MICROSOFT WAY REDMOND, WA 980526399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN KOROLOGOS, ANN D 2311 M STREET, N.W., #706 WASHINGTON, DC 20037

900098224889

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: BENJAMIN O. ORNDORFF 4-19-07 425-706-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SECRETARY Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 864447 4726922

AUTHORIZATION :

COST LIMIT : \$ 150.00

[Handwritten signature]

ORDER DATE : April 23, 2007

ORDER TIME : 10:10 AM

ORDER NO. : 864447-005

CUSTOMER NO: 4726922

ANNUAL REPORT FILING

NAME: MICROSOFT CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath-EXT#2955

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR 24 AM 10:58
TO ACKNOWLEDGE
SUFFICIENCY OF FILING