

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001671

FILED
Mar 09, 2011
Secretary of State

Entity Name: MICROSOFT CORPORATION

Current Principal Place of Business:

ONE MICROSOFT WAY
REDMOND, WA 980526399 US

New Principal Place of Business:

Current Mailing Address:

% CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 91-1144442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: BALLMER, STEVEN A
Address: ONE MICROSOFT WAY
City-St-Zip: REDMOND, WA 980526399 US

Title: VP
Name: ABU-HADBA, WALID V
Address: ONE MICROSOFT WAY
City-St-Zip: REDMOND, WA 980526399 US

Title: SEC
Name: SMITH, BRADFORD L
Address: ONE MICROSOFT WAY
City-St-Zip: REDMOND, WA 980526399 US

Title: TREA
Name: ZINN, GEORGE
Address: ONE MICROSOFT WAY
City-St-Zip: REDMOND, WA 980526399 US

Title: A TR
Name: WELLS, NANCY M
Address: ONE MICROSOFT WAY
City-St-Zip: REDMOND, WA 980526399 US

Title: ASEC
Name: ORNDORFF, BENJAMIN O A
Address: ONE MICROSOFT WAY
City-St-Zip: REDMOND, WA 980526399 US

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN O ORNDORFF

ASEC

03/09/2011

Electronic Signature of Signing Officer or Director

_____ Date