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Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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T. BROWN

Tax Server

7/9/2012 4:44:54 PM PAGE 3/004 Fax Server

COVER LETTER

TO:	Amendment Section Division of Corporations	
SURT	Microsoft Corporation JECT:	
0010	(Name of Corporation)	
DOCT	CUMENT NUMBER: F95000001671	
	enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling.
Please	se return all correspondence concerning this matter to the following:	
	Benjamin Orndorff	
	(Name of Contact Person)	•
	Microsoft Corporation	_
	(Firm/Company)	
	One Microsoft Way	_
	(Address)	_
	Redmond, WA 98052	_
	(City/State and Zip Code)	
For fu	further information concerning this matter, please call:	
Benja	jamin Orndorff 21, 425 722-0528	
	jamin Orndorff at (425 722-0528 (Name of Contact Person) (Area Code & Daytime Tele	phone Number)
Enclos	osed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporation	ıns ·
	P.O. Box 6327 Clifton Building	107
	Tallahassee, FL 32314 2661 Executive Center Tallahassee, FL 32301	

CR2E045 (8/05)

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71/99/220122 43 445 505 PPM PAGGE 210001 Fabras Grander



July 9, 2012

FLORIDA DEPARTMENT OF STATE Division of Corporations

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

SUBJECT: MICROSOFT CORPORATION

REF: F95000001671

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

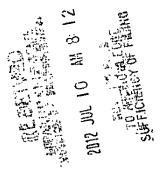
The date of qualification for this corporation is Aril 6, 1995, please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H12000177439 Letter Number: 912A00018365



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		ed under the laws of the State of Washing		
		ed agent, or both, in the State of Florida.		
1. The name of the corporation: M	licrosoft Corporation			
2. The principal office address: On	ie Microsoft Way, Re	dmond, WA 98052-6399 US		
3. The mailing address (if different	:): Corporation Service	е Сотрапу		
1201 Hays Street, Tallaha	issee, FL 32301 US			
4. Date of incorporation/qualificati	ion: 4/6/1995	Document number: F95000001671		
		ent and registered office on file with the		
Chief Financial	l Officer			<u> </u>
P.O. BOX 6200	0 32314-6200, 200 E.	Gaines St.	72	VISE OBS:
Tallahasse, FL	32301 US		12 JUL 10	CRETA ION OF
6. The name and street address of t (if changed):	the new registered agent	(if changed) and /or registered office	7	CORPORATION
Corporation Se	rvice Company		D: 00)RA
1201 Hays Stre	eet		ŏ	35
· · · · · · · · · · · · · · · · · · ·	(P.O. Box NOT acceptable)			22
Tallahassee, FI	_ 32301 US			
The street address of its registered as changed will be identical.	d office and the street a	ddress of the business office of its regist	ered age	ent,
Such change was authorized by a authorized by the board, of the occurrence occurrence of the occurrence occurrence of the occurrence occur	esolution duly adopted orporation has been not	by its board of directors or by an officer ified in writing of the change.	so	
4/4		Benjamin Orndorff, Assistant Secret	tary	
(Signature of an officer or a real		(Printed or typed name and title)		_
I hereby accept the appointment of I further agree to comply with the of my duties, and I am familiar was document is being filed merely to corporation has been notified in Corporation Service Com	as registered agent and e provisions of all statu with and accept the oblig reflect a change in the writing of this change. pany	l agree to act in this capacity, tes relative to the proper and complete p zation of my position as registered agent registered office address. I hereby confi	erforme Or if rm that	ance this the
Ву:	<u> </u>	07/09/2012		
Stephanie Milnee Siephan	me K. Milses	(Date)		
Assistant	Vice President			
(Typed or Printed Name)				

* * * FILING FEE: \$35.00 * * *