

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P24091 (1)**  
 1. Corporation Name  
**INTEL CORPORATION**



Principal Place of Business <b>2200 MISSION COLLEGE BOULEVARD                  SANTA CLARA CA 95052-8119                  US</b>	Mailing Address <b>2200 MISSION COLLEGE BLVD.                  SANTA CLARA CA 95052-8119                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/27/1989</b>	
2. Principal Place of Business <b>21 2200 MISSION COLLEGE BLVD.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2200 MISSION COLLEGE BLVD.</b> Suite, Apt. #, etc.
22 <b>SANTA CLARA, CA</b> City & State Zip <b>95052</b> Country <b>USA</b>	27 <b>M/S SC4-206</b> City & State Zip <b>95052</b> Country <b>USA</b>
4. FEI Number <b>94-1672743</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SODHANI, ARVIND</b>	1.2 NAME	
STREET ADDRESS	<b>2200 MISSION COLLEGE BOULEVARD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA CLARA CA 95052-8119</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, HAROLD E., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>2200 MISSION COLLEGE BLV</b>	2.3 STREET ADDRESS	<b>PATRICK P. GELSINGER</b>
CITY-ST-ZIP	<b>SANTA CLARA CA</b>	2.4 CITY-ST-ZIP	<b>2200 MISSION COLLEGE BLVD.</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNLAP, THOMAS F., JR.</b>	3.2 NAME	
STREET ADDRESS	<b>2200 MISSION COLLEGE BLV</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA CLARA CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CHAIRMAN OF THE BOARD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROVE, ANDREW S.</b>	4.2 NAME	
STREET ADDRESS	<b>2200 MISSION COLLEGE BLV</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA CLARA CA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUZY, JAMES D.</b>	5.2 NAME	
STREET ADDRESS	<b>2200 MISSION COLLEGE BLV</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA CLARA CA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information provided in 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 annual 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 a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the previous report with an address.

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

4/23/98

CR2E034 (10/97)