

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853146 (9)

1. Corporation Name
APPLE COMPUTER, INC.



Principal Place of Business: **APPLE COMPUTER, INC. ONE INFINITE LOOP MS: 36 TX CUPERTINO CA 95014 US**

Mailing Address: **APPLE COMPUTER, INC. ONE INFINITE LOOP MS: 36 TX CUPERTINO CA 75014 US**

3. Date Incorporated or Qualified: **06/18/1982** 3a. Date of Last Report: **02/24/1995**

4. FEI Number: **94-2404110** Applied For: Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 Same as above** 2a. Mailing Address: **26 Same as above**

22. City & State: 27. City & State:

23. Zip: 28. Zip: 29. Country: 30. Country:

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: **FL**

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: _____

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|------------------------------|--|--|
| TITLE: P <input type="checkbox"/> DELETE | SPINDLER, MICHAEL | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: SPINDLER, MICHAEL | 20525 MARIANI AVE. | 1.2 NAME: _____ | |
| STREET ADDRESS: 20525 MARIANI AVE. | CUPERTINO CA 95014 | 1.3 STREET ADDRESS: _____ | |
| CITY-STATE-ZIP: CUPERTINO CA 95014 | | 1.4 CITY-STATE-ZIP: _____ | |
| TITLE: V <input type="checkbox"/> DELETE | GRAZIANO, JOSEPH A | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: GRAZIANO, JOSEPH A | 20525 MARIANI AVE. | 2.2 NAME: _____ | |
| STREET ADDRESS: 20525 MARIANI AVE. | CUPERTINO CA | 2.3 STREET ADDRESS: _____ | |
| CITY-STATE-ZIP: CUPERTINO CA | | 2.4 CITY-STATE-ZIP: _____ | |
| TITLE: VM <input type="checkbox"/> DELETE | DIERY, IAN W. | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: DIERY, IAN W. | 20525 MARIANI AVE. | 3.2 NAME: _____ | |
| STREET ADDRESS: 20525 MARIANI AVE. | CUPERTINO CA 95014 | 3.3 STREET ADDRESS: _____ | |
| CITY-STATE-ZIP: CUPERTINO CA 95014 | | 3.4 CITY-STATE-ZIP: _____ | |
| TITLE: V <input type="checkbox"/> DELETE | EILERS, DANIEL L. | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: EILERS, DANIEL L. | 20525 MARIANI AVE. | 4.2 NAME: _____ | |
| STREET ADDRESS: 20525 MARIANI AVE. | CUPERTINO CA 95014 | 4.3 STREET ADDRESS: _____ | |
| CITY-STATE-ZIP: CUPERTINO CA 95014 | | 4.4 CITY-STATE-ZIP: _____ | |
| TITLE: V <input type="checkbox"/> DELETE | FORSYTH, G. FREDERICK | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: FORSYTH, G. FREDERICK | 20525 MARIANI AVE. | 5.2 NAME: _____ | |
| STREET ADDRESS: 20525 MARIANI AVE. | CUPERTINO CA 95014 | 5.3 STREET ADDRESS: _____ | |
| CITY-STATE-ZIP: CUPERTINO CA 95014 | | 5.4 CITY-STATE-ZIP: _____ | |
| TITLE: V <input type="checkbox"/> DELETE | NAGEL, DAVID C. | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: NAGEL, DAVID C. | 20525 MARIANI AVE. | 6.2 NAME: _____ | |
| STREET ADDRESS: 20525 MARIANI AVE. | CUPERTINO CA 95014 | 6.3 STREET ADDRESS: _____ | |
| CITY-STATE-ZIP: CUPERTINO CA 95014 | | 6.4 CITY-STATE-ZIP: _____ | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Handwritten Signature

1/16/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)