

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

FILED
May 08 1998 8:00am
Secretary of State

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



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

2. Principal Place of Business 21 2200 MISSION COLLEGE BLVD. Suite, Apt. #, etc.		2a. Mailing Address 26 2200 MISSION COLLEGE BLVD. Suite, Apt. #, etc. M/S SC4-206		3. Date Incorporated or Qualified 04/27/1989
22 City & State 23 SANTA CLARA, CA Zip 24 95052 Country 25 USA		27 City & State 28 SANTA CLARA, CA Zip 29 95052 Country 30 USA		4. FEI Number 94-1672743 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
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 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SODHANI, ARVIND		1.2 NAME				
STREET ADDRESS	2200 MISSION COLLEGE BOULEVARD		1.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA CLARA CA 95052-8119		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HUGHES, HAROLD E., JR.		2.2 NAME				
STREET ADDRESS	2200 MISSION COLLEGE BLV		2.3 STREET ADDRESS	PATRICK P. GELSINGER			
CITY-ST-ZIP	SANTA CLARA CA		2.4 CITY-ST-ZIP	2200 MISSION COLLEGE BLVD.			
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DUNLAP, THOMAS F., JR.		3.2 NAME				
STREET ADDRESS	2200 MISSION COLLEGE BLV		3.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA CLARA CA		3.4 CITY-ST-ZIP				
TITLE	CHAIRMAN OF THE BOARD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GROVE, ANDREW S.		4.2 NAME				
STREET ADDRESS	2200 MISSION COLLEGE BLV		4.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA CLARA CA		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GUZY, JAMES D.		5.2 NAME				
STREET ADDRESS	2200 MISSION COLLEGE BLV		5.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA CLARA CA		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 person or persons authorized by the corporation's board of directors 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 year with an address.

SIGNATURE: _____

4/23/98

CR2E034 (10/97)