

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853146

1. Entity Name

APPLE COMPUTER, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90023 041 ***150.00

| | |
|---|--|
| Principal Place of Business APPLE COMPUTER, INC ONE INFINITE LOOP CUPERTINO CA 95014 US | Mailing Address APPLE COMPUTER, INC. ONE INFINITE LOOP: M/S 301-3TX CUPERTINO CA 95014-2083 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 94-2404110 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO JOBS, STEVEN ONE INFINITE LOOP CUPERTINO CA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO ANDERSON, FRED D. ONE INFINITE LOOP CUPERTINO CA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP HEIN, NANCY ONE INFINITE LOOP CUPERTINO CA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP RUBINSTEIN, JON ONE INFINITE LOOP CUPERTINO CA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP TEVANI, AVIE 20525 MARIANI AVE. CUPERTINO CA 95014 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terry Ryan 1/25/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

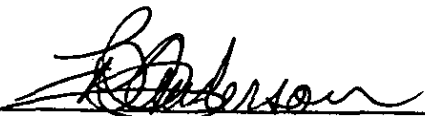
853140

B0012710

Delegation of Signature Authority State Tax Returns

I, Fred D. Anderson, Executive Vice President and Chief Financial Officer of Apple Computer, Inc. hereby delegate to Thomas B. Rogers, Senior Director of Taxes, my authority on behalf of the Company to sign all state tax returns, including, without limitation, state income tax returns, property tax returns, sales tax returns, estimated tax vouchers, extension of statute of limitations, assessment appeals, business license tax returns, annual reports and abandoned property.

This delegation may be re-delegated by the Senior Director of Taxes at his discretion, but only to a manager level employee within Apple's Tax Department who has direct responsibility for state taxes.



Fred D. Anderson
Executive Vice President and
Chief Financial Officer

Date: 1/4/99

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853144

B0012110

Delegation of Signature Authority
State Tax Returns

I, Thomas B. Rogers, Senior Director of Taxes, hereby delegate to Terry Ryan, Director of State Taxes, my authority on behalf of the Company to sign all state tax returns, including, without limitation, state income tax returns, property tax returns, sales tax returns, estimated tax vouchers, extension of statute of limitations, assessment appeals, business license tax returns, annual reports and abandoned property.

This delegation may not be re-delegated .

Thomas B. Rogers
Thomas B. Rogers
Sr. Director of Taxes

Date: 4/15/99

Terry Ryan
Terry Ryan
Director of State Taxes

Date: 4/15/99