

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001861

Entity Name: VMWARE, INC.

Current Principal Place of Business:

3401 HILLVIEW AVE.
PALO ALTO, CA 94304

Current Mailing Address:

3401 HILLVIEW AVE.
PALO ALTO, CA 94304

FEI Number: 94-3292913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CEO, DIRECTOR
Name GELSINGER, PATRICK
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304

Title CFO
Name CHADWICK, JONATHAN
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304

Title SEC
Name SMITH, S. DAWN
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304

Title DIR
Name TUCCI, JOSEPH
Address 176 SOUTH STREET
City-State-Zip: HOPKINTON MA 01748

Title PRESIDENT, COO
Name ESCHENBACH, CARL
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304

Title ASST. SECRETARY
Name NORRIS, CRAIG
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304

Title EVP, SOFTWARE DEFINED DATA CENTER
Name RAGHURAM, RAGHU
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name BROWN, MICHAEL
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG NORRIS

ASSISTANT SECRETARY 04/29/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EGAN, JOHN
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name SAGAN, PAUL
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name POWELL, DENNIS
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name STROHM, DAVID
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name PAM, CRAIG
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name MARITZ, PAUL
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304