

2017 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 AND EVP
Name ROWE, ZANE
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304

Title SECRETARY, AND CHIEF LEGAL OFFICER
Name SMITH, S. DAWN
Address 3401 HILLVIEW AVE.
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 COO, PRODUCTS AND CLOUD SERVICES
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

Title DIRECTOR
Name SAGAN, PAUL
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

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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** 04/21/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title COO, CUSTOMER OPERATIONS
Name POONEN, SANJAY
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name CARTY, DONALD
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304

Title COO, PRODUCTS AND CLOUD SERVICES
Name RAMASWAMI, RAJIV
Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name DURBAN, EGON
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name BATES, ANTHONY
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name DYKSTRA, KAREN
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304

Title EVP, WORLDWIDE SALES &
SERVICES
Name CARLI, MAURIZIO
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name DELL, MICHAEL
Address 3401 HILLVIEW AVE.
City-State-Zip: PALO ALTO CA 94304