2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001861

Entity Name: VMWARE, INC.

Current Principal Place of Business:

3401 HILLVIEW AVE. PALO ALTO, CA 94304

3401 HILLVIEW AVE. PALO ALTO, CA 94304

Current Mailing Address:

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:

Name

Title

Electronic Signature of Registered Agent

Date

FILED Mar 25, 2016

Secretary of State

CC7192252676

Officer/Director Detail :

Title CEO, DIRECTOR Title CFO AND EVP GELSINGER, PATRICK Name Name ROWE, ZANE

3401 HILLVIEW AVE. 3401 HILLVIEW AVE. Address Address PALO ALTO CA 94304 City-State-Zip: City-State-Zip: PALO ALTO CA 94304

Title DIR Title SECRETARY, AND GENERAL

COUNSEL

TUCCI, JOSEPH Name SMITH, S. DAWN

Address 3401 HILLVIEW AVENUE 3401 HILLVIEW AVE. Address City-State-Zip: PALO ALTO CA 94304

City-State-Zip: PALO ALTO CA 94304

ASST. SECRETARY

Title EVP, SOFTWARE DEFINED DATA

CENTER DIVISION

Name RAGHURAM, RAGHU NORRIS, CRAIG Name

Address 3401 HILLVIEW AVENUE Address 3401 HILLVIEW AVENUE City-State-Zip: PALO ALTO CA 94304 City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR Title DIRECTOR

Name EGAN, JOHN Name BROWN, MICHAEL

Address 3401 HILLVIEW AVENUE Address 3401 HILLVIEW AVENUE City-State-Zip: PALO ALTO CA 94304 PALO ALTO CA 94304 City-State-Zip:

Continues on page 2

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.

03/25/2016 ASSISTANT SECRETARY SIGNATURE: CRAIG NORRIS

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameSAGAN, PAULNameMARITZ, PAUL

Address 3401 HILLVIEW AVENUE Address 3401 HILLVIEW AVENUE
City-State-Zip: PALO ALTO CA 94304
City-State-Zip: PALO ALTO CA 94304

Title EXECUTIVE VP, GENERAL MANAGER EUC Title DIRECTOR

NamePOONEN, SANJAYNameBATES, ANTHONYAddress3401 HILLVIEW AVE.Address3401 HILLVIEW AVE.City-State-Zip:PALO ALTO CA 94304City-State-Zip:PALO ALTO CA 94304

Title DIRECTOR Title DIRECTOR

NameCARTY, DONALDNameDYKSTRA, KARENAddress3401 HILLVIEW AVE.Address3401 HILLVIEW AVE.City-State-Zip:PALO ALTO CA 94304City-State-Zip:PALO ALTO CA 94304