2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001861

Entity Name: VMWARE, INC.

Current Principal Place of Business:

3401 HILLVIEW AVE. PALO ALTO. CA 94304

Current i fincipal i lace di businessi

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:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

Electronic Signature of Registered Agent

Date

FILED Apr 28, 2021

Secretary of State

5202820321CC

Officer/Director Detail:

Title CFO, EXECUTIVE VICE PRESIDENT,

Title

EXCUTIVE VICE PRESIDENT,

CEO

GENERAL COUNSEL, SECRETARY

ROWE, ZANE

Name FLIEGELMAN OLLI, AMY

Address 3401 HILLVIEW AVE.

City-State-Zip: PALO ALTO CA 94304

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

Title ASST. SECRETARY, VP

Title

DIRECTOR

Name NORRIS, CRAIG DOUGLAS
Address 3401 HILLVIEW AVE.

Address

BROWN, MICHAEL W 3401 HILLVIEW AVE.

City-State-Zip: PA

Addicas

Name

PALO ALTO CA 94304

City-State-Zip.

PALO ALTO CA 94304 City-State-Zip:

Title DIR

DIRECTOR

Title DIRECTOR
Name SAGAN, PAUL

Name

BATES, ANTHONY J

Address 3401 HILLVIEW AVE.

Address 3401

3401 HILLVIEW AVE.

City-State-Zip:

PALO ALTO CA 94304

City-State-Zip: PALO ALTO CA 94304

Title

DIRECTOR

DIRECTOR

Name

Name Address

Title

DYKSTRA, KAREN E 3401 HILLVIEW AVE.

Address
City-State-Zip:

3401 HILLVIEW AVE. PALO ALTO CA 94304

CARTY, DONALD J

City-State-Zip: PALO

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 DOUGLAS NORRIS

ASST SECRETARY

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameDURBAN, EGONNameDELL, MICHAELAddress3401 HILLVIEW AVE.Address3401 HILLVIEW AVE.City-State-Zip:PALO ALTO CA 94304City-State-Zip:PALO ALTO CA 94304

Title DIRECTOR Title DIRECTOR

NameBROWN, MARIANNENameDENMAN, KENNETHAddress3401 HILLVIEW AVE.Address3401 HILLVIEW AVE.City-State-Zip:PALO ALTO CA 94304City-State-Zip:PALO ALTO CA 94304

Title TREASURER Title DIRECTOR

NameROSENDUFT, LENNameGELSINGER, PATRICKAddress3401 HILLVIEW AVE.Address3401 HILLVIEW AVE.City-State-Zip:PALO ALTO CA 94304City-State-Zip:PALO ALTO CA 94304