

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002990

**Entity Name:** FIRST SOLAR, INC.

**Current Principal Place of Business:**

350 W. WASHINGTON ST.  
SUITE 600  
TEMPE, AZ 85281

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC3684861916**

**Current Mailing Address:**

350 W. WASHINGTON ST.  
SUITE 600  
TEMPE, AZ 85281 US

**FEI Number: 26-4623678**

**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 DIRECTOR  
Name KENNEDY, CRAIG  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title DIRECTOR  
Name HAMBRO, GEORGE  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title DIRECTOR  
Name CHAPMAN, RICHARD  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title CFO  
Name BRADLEY, ALEXANDER ROBERT  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title CHIEF EXECUTIVE  
OFFICER/DIRECTOR  
Name WIDMAR, MARK  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title DIRECTOR  
Name SWEENEY, MICHAEL  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title DIRECTOR  
Name STEBBINS, PAUL  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title DIRECTOR  
Name PRESBY, J. THOMAS  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

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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: BRYAN ROBERT SCHUMAKER**

**CHIEF ACCOUNTING  
OFFICER**

**04/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name POST, WILLIAM  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title CHAIRMAN OF THE BOARD  
Name AHEARN, MICHAEL  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title CHIEF ACCOUNTING OFFICER  
Name SCHUMAKER, BRYAN ROBERT  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title DIRECTOR  
Name NOLAN, JAMES  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281

Title DIRECTOR  
Name ALLEN, SHARON  
Address 350 W. WASHINGTON ST.  
SUITE 600  
City-State-Zip: TEMPE AZ 85281