


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 839379 1. Entity Name ADVANCED MICRO DEVICES, INC.	
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Principal Place of Business ONE AMD P1 M/S68-TAX P.O. BOX 3453 SUNNYVALE, CA 94088 US	Mailing Address 1 AMD P1 M/S68-TAX P.O. BOX 3453 SUNNYVALE, CA 94088 US
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04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 94-1692300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DE RUIZ, HECTOR J ONE AMD PLACE SUNNYVALE, CA 94088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEYER, DIRK ONE AMD PLACE SUNNYDALE, CA 94088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP HENRI, RICHARD ONE AMD PLACE SUNNYVALE, CA 94088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RIVET, ROBERT J ONE AMD PLACE SUNNYDALE, CA 94088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP MCCOY, THOMAS M 1 AMD PLACE SUNNYVALE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSO EDWARDS, WILLIAM T ONE AMD PLACE SUNNYVALE, CA 94088

U00000559130
05/17/06-80123-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William T Edwards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2006 408-749-2398
Date Daytime Phone #