


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90106 039 \*\*\*150.00

<b>DOCUMENT # 839379</b> 1. Entity Name <b>ADVANCED MICRO DEVICES, INC.</b>					
Principal Place of Business <b>ONE AMD P1 M/S68-TAX</b> <b>P.O. BOX 3453</b> <b>SUNNYVALE, CA 94088 US</b>			Mailing Address <b>1 AMD P1 M/S68-TAX</b> <b>P.O. BOX 3453</b> <b>SUNNYVALE, CA 94088 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>94-1692300</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>DE RUIZ, HECTOR J</b> <b>ONE AMD PLACE</b> <b>SUNNYVALE, CA 94088</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MEYER, DIRK</b> <b>ONE AMD PLACE</b> <b>SUNNYDALE, CA 94088</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVP</b> <b>HENRI, RICHARD</b> <b>ONE AMD PLACE</b> <b>SUNNYVALE, CA 94088</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>RIVET, ROBERT J</b> <b>ONE AMD PLACE</b> <b>SUNNYDALE, CA 94088</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVP</b> <b>MCCOY, THOMAS M</b> <b>1 AMD PLACE</b> <b>SUNNYVALE, CA</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>HURSEY, CAYE</b> <b>ONE AMD PLACE</b> <b>SUNNYVALE, CA 94088</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman of the Board/CEO</b> <b>Hector de J. Ruiz, Ph.D.</b> <b>One AMD Place Sunnyvale, CA 94088</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; COO</b> <b>Derrick R. MEYER</b> <b>One AMD Place Sunnyvale, CA 94088</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>Mario Rivas</b> <b>One AMD Place Sunnyvale, CA 94088</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Corporate VP/CFO</b> <b>Robert J. Rivet</b> <b>One AMD Place Sunnyvale, CA 94088</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP &amp; CAO</b> <b>Thomas M. McCoy</b> <b>One AMD Place Sunnyvale, CA 94088</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Thomas M. McCoy</u> <u>May 6, 2008</u> <u>408-749-2398</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40098612  
#839379



One AMD Place  
P.O. Box 3453  
Sunnyvale, CA 94088-3453

T 408.732.2400

May 6, 2008

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Attn: Russell Hunt

Enclosed is our payment of \$150.00 for the Annual Report renewal. This payment was due on May 1<sup>st</sup>. Our vendor checks are printed offsite in Malaysia and are due to be delivered to us each week on Monday. Due to some technical problems our checks did not get delivered in time for the May 1<sup>st</sup> postmark. We would like to request that you waive the late \$400.00 late fee. Hopefully going forward this will not happen again.

Thanks so much for your cooperation in granting this waiver..

I can be contacted at 408-749-2398. My fax # is 408-774-7005 and my email is [loretta.hendrix@amd.com](mailto:loretta.hendrix@amd.com).

Sincerely,

Loretta Hendrix

Executive Assist/Tax Department