2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

APPLE COMPUTER. INC.

CUPERTINO CA 95014

Mailing Address

ONE INFINITE LOOP: M/S - 3TX

DOCUMENT # 853146

1. Entity Name

APPLE COMPUTER, INC.

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

APPLE COMPUTER, INC.

ONE INFINITE LOOP

CUPERTINO CA 95014



FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90111 006 ***150.00

UUUNUUUU



Daytime Phone #

Suite, Apt. #, etc. City & State			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
			City	City & State			4. FEI Number 94-2404110				lied For Applicable	
			Zin	Zip Cou		try	-	Certificate of Status Desired		8.75 Addit		
Zip		Country	1 2.15]				100		e Required		
	6. Name	and Address of C	urrent Registere	d Agent			7. N	ame and Address of New Regist	ered Ag	ent		
						Name						
CT CORPORATION SYSTEM						Street Address (P.O. Box Number is Not Acceptable)						
1200 S. PINE ISLAND ROAD										<u> </u>		
PLANTATIO	ON FL 333	24						 -	T 7: Onda			
<i>,</i>						City			FL	Zip Code		
8. The above the obligati	named entitions of regist	y submits this state ered agent.	ment for the purp	ose of changing its	s register	ed office or regis	tered age	ent, or both, in the State of Florida.	I am fa	miliar with, a	nd accept	
SIGNATURE _	Signature, typed	or printed name of registe	red agent and title if app	olicable. (NO)	TE: Registere	ed Agent signature requ	ired when re	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financi Trust Fund Contribution.		Added	May Be to Fees	
			RS AND DIRECTO	1 DRS	11.		ΑC	DITIONS/CHANGES TO OFFICER	S AND	DIRECTORS		
TITLE NAME STREET ADDRESS	CEO JOBS, ST ONE INFI CUPERTII	EVEN NITE LOOP	io me sincere	☐ Delete		1				☐ Change	☐ Addition	
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CITY-ST-ZIP	CUPERT	NO CA				Y-ST-ZIP				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP TEVANIA 20525 M	, ,,,,		☐ Delete	NA ST	ILE IME REET ADDRESS TY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	NA ST	TLE AME REET ADDRESS TY-ST-ZIP				☐ Change	☐ Additio	
	r certify that to d on this reporporation or d, or on an a	the information sup- ort or supplementa the receiver or thus ttachment with an a	plied with this filin I report is true an tee empowered t addless with all o	g does not qualify d accurate and tha o execute this repo ther the empowers	for the ex at my sign ort as req	kemption stated in nature shall have uired by Chapter	n Section the same 607, Flo	n 119.07(3)(i), Florida Statutes. I fur e legal effect as if made under oath rida Statutes; and that my name ap	ther cer ; that I a pears in	tify that the i am an officer n Block 10 o	nformation or director r Block 11 i	