

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002502

1. Corporation Name

HEWLETT-PACKARD COMPANY

Principal Place of Business

Mailing Address

3000 HANOVER ST.
PALO ALTO CA 94304

3000 HANOVER ST.
PALO ALTO CA 94304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same

Same

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 Filing Date
D CCEO	WAYMAN, ROBERT P. Carleton S. Fiorina	3000 HANOVER ST.	12/28/00
D VPCFO	Robert P. Wayman	3000 HANOVER ST.	12/28/00
S	Ann O. Baskins	3000 HANOVER ST.	12/28/00
Asst. Sec.	Charles N. Charnas	3000 HANOVER ST.	12/28/00
D	Phillip M. Condit	3000 HANOVER ST.	12/28/00
T	TOMLINSON, LAWRENCE	3000 HANOVER ST.	12/28/00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Same 200003515142--0
Street Address (P.O. Box Number is Not Acceptable)
12/28/00--01013--003
Suite, Apt. #, Etc.
****750.00 ****750.00
City
State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/14/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
00 DEC 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

05/01/1998

5. FEI Number

94-1081436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E040 (8/00)