

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002502

Entity Name: HEWLETT-PACKARD COMPANY

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

3000 HANOVER STREET
PALO ALTO, CA 94304

New Principal Place of Business:

Current Mailing Address:

3000 HANOVER STREET
MS 1050
PALO ALTO, CA 94304

New Mailing Address:

FEI Number: 94-1081436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HURD, MARK
Address: 300 HANOVER STREET
City-St-Zip: PALO ALTO, CA 94304

Title: EVP () Delete
Name: BRADLEY, TODD R
Address: 3000 HANOVER STREET
City-St-Zip: PALO ALTO, CA 94304

Title: EVP () Delete
Name: JOB, FLAXMON
Address: 3000 HANOVER STREET
City-St-Zip: PALO ALTO, CA 94304

Title: VPDG () Delete
Name: CHARNAS, CHARLES N
Address: 3000 HANOVER ST.
City-St-Zip: PALO ALTO, CA 94304

Title: D () Delete
Name: BABBIO, LAWRENCE T JR
Address: 3000 HANOVER ST.
City-St-Zip: PALO ALTO, CA 94304

Title: EVP () Delete
Name: LESJAK, CATHERINE
Address: 3000 HANOVER STREET
City-St-Zip: PALO ALTO, CA 94304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SARI, BALDAUF
Address: 3000 HANOVER STREET
City-St-Zip: PALO ALTO, CA 94304

Title: VP (X) Change () Addition
Name: PAUL, PORRINI T
Address: 3000 HANOVER STREET
City-St-Zip: PALO ALTO, CA 94304

Title: VPDG (X) Change () Addition
Name: MICHAEL, HOLSTON
Address: 3000 HANOVER ST.
City-St-Zip: PALO ALTO, CA 94304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL T. PORRINI

VP

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date