

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90023 050 ***150.00

DOCUMENT # F99000001773

1. Entity Name

NVIDIA CORPORATION

Principal Place of Business

**3535 MONROE STREET
 SANTA CLARA CA 95051**

Mailing Address

**3535 MONROE STREET
 SANTA CLARA CA 95051**

2. Principal Place of Business

3535 Monroe St

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Santa Clara, CA

City & State

Zip

Country

95051

USA

Zip

Country

4. FEI Number **94-3177549**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	HUANG, JEN-HSUN	
STREET ADDRESS	3535 MONROE STREET	
CITY-ST-ZIP	SANTA CLARA CA 95051	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	HOBERG, CHRISTINE	
STREET ADDRESS	3535 MONROE STREET	
CITY-ST-ZIP	SANTA CLARA CA 95051	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRIEM, CURTIS	
STREET ADDRESS	3535 MONROE STREET	
CITY-ST-ZIP	SANTA CLARA CA 95051	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MALACHOWSKY, CHRIS	
STREET ADDRESS	3535 MONROE STREET	
CITY-ST-ZIP	SANTA CLARA CA 95051	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FISHER, JEFFREY	
STREET ADDRESS	3535 MONROE STREET	
CITY-ST-ZIP	SANTA CLARA CA 95051	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **x CB Hoburg**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

Date

Daytime Phone #

CR2E034 (10/00)