

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005840

Entity Name: INTUIT INC SOFTWARE INC.**Current Principal Place of Business:**2700 COAST AVENUE
MOUNTAIN VIEW, CA 94043**Current Mailing Address:**2700 COAST AVENUE
MOUNTAIN VIEW, CA 94043 US**FEI Number:** 77-0034661**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	MCLEAN, KERRY J
Address	2700 COAST AVENUE
City-State-Zip:	MOUNTAIN VIEW CA 94043

Title	CFO
Name	CLATTERBUCK, MICHELLE M
Address	2700 COAST AVENUE
City-State-Zip:	MOUNTAIN VIEW CA 94043

Title	DIRECTOR
Name	POWELL, DENNIS D.
Address	2700 COAST AVENUE
City-State-Zip:	MOUNTAIN VIEW CA 94043

Title	DIRECTOR
Name	BURTON, EVE
Address	2700 COAST AVENUE
City-State-Zip:	MOUNTAIN VIEW CA 94043

Title	DIRECTOR
Name	WEINER, JEFF
Address	2700 COAST AVENUE
City-State-Zip:	MOUNTAIN VIEW CA 94043

Title	DIRECTOR
Name	DALZELL, RICHARD
Address	2700 COAST AVENUE
City-State-Zip:	MOUNTAIN VIEW CA 94043

Title	DIRECTOR
Name	COOK, SCOTT D.
Address	2700 COAST AVENUE
City-State-Zip:	MOUNTAIN VIEW CA 94043

Title	DIRECTOR
Name	JOHNSON, SUZANNE NORA
Address	2700 COAST AVENUE
City-State-Zip:	MOUNTAIN VIEW CA 94043

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I hereby 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 all other like empowered.

SIGNATURE: KERRY J. MCLEAN**SECRETARY****01/09/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VAZQUEZ, RAUL
Address 2700 COAST AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER,
DIRECTOR
Name GOODARZI, SASAN K.
Address 2700 COAST AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name MAWAKANA, TEKEDRA
Address 2700 COAST AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name LIU, DEBORAH
Address 2700 COAST AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name SZKUTAK, THOMAS
Address 2700 COAST AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title TREASURER
Name HOTZ, LAUREN
Address 2700 COAST AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title GENERAL COUNSEL, ASSISTANT
SECRETARY, SENIOR VICE
PRESIDENT
Name COZZENS, TYLER
Address 2700 COAST AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name SMITH, BRAD D.
Address 2700 COAST AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043