

1.) CORPORATION NAME:

EMC Corporation of Massachusetts (USED IN VA BY:EMC Corporation)

DUE DATE: **8/31/2012**

SCC ID NO: **F0549917**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	6,000,000,000
PREFER	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 176 SOUTH STREET

CITY/ST/ZIP: HOPKINTON, MA 01748

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOSEPH M TUCCI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		

NAME:	MARK H. GLENN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		

NAME:	PAUL T. DACIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AST S/EVP/GC		
ADDRESS:	176 SOUTH ST		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		

NAME:	THOMAS J DOUGHERTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	176 SOUTH ST		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		

NAME:	DAVID I. GOULDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		

NAME:	MICHAEL W. BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		

NAME:	RANDOLPH L. COWEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		
NAME:	GAIL DEEGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		
NAME:	JAMES S. DISTASIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		
NAME:	JOHN R. EGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		
NAME:	EDMUND F. KELLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		
NAME:	JUDITH A. MISCIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		
NAME:	WINDLE B. PRIEM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		
NAME:	PAUL SAGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		
NAME:	DAVID N. STROHM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	176 SOUTH STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAUL T. DACIER	PAUL T. DACIER, AST S/EVP/GC	8/28/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.