

1.) CORPORATION NAME:

**INTUIT INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

DUE DATE: **2/29/2012**

SCC ID NO: **F1181710**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750,000,000
PREFER	1,344,918

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2700 COAST AVE

CITY/ST/ZIP: MOUNTAIN VIEW, CA 94043-

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:	BRAD SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	2700 COAST AVE		
CITY/ST/ZIP/CO:	MOUNTAIN VIEW, CA 94043-		
NAME:	LAURA FENNEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/S/GC		
ADDRESS:	2700 COAST AVE		
CITY/ST/ZIP/CO:	MOUNTAIN VIEW, CA 94043-		
NAME:	R NEIL WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO		
ADDRESS:	2700 COAST AVE		
CITY/ST/ZIP/CO:	MOUNTAIN VIEW, CA 94043-		
NAME:	DAVID H BATCHELDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2700 COAST AVE		
CITY/ST/ZIP/CO:	MOUNTAIN VIEW, CA 94043-		
NAME:	CHRISTOPHER W BRODY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2700 COAST AVENUE		
CITY/ST/ZIP/CO:	MOUNTAIN VIEW, CA 94043-		

NAME: WILLIAM V CAMPBELL TITLE: DIRECTOR ADDRESS: 2700 COAST AVE CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT D COOK TITLE: DIRECTOR ADDRESS: 2700 COAST AVE CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DIANE B GREENE TITLE: DIRECTOR ADDRESS: 2700 COAST AVE CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL R HALLMAN TITLE: DIRECTOR ADDRESS: 2700 COAST AVE CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SUZANNE NORA JOHNSON TITLE: DIRECTOR ADDRESS: 2700 COAST AVE CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD A KANGAS TITLE: DIRECTOR ADDRESS: 2700 COAST AVE CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS D POWELL TITLE: DIRECTOR ADDRESS: 2700 COAST AVE CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STRATTON D SCLAVOS TITLE: DIRECTOR ADDRESS: 2700 COAST AVE CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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/ LAURA FENNELL _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAURA FENNELL, SR VP/S/GC _____ PRINTED NAME AND CORPORATE TITLE
1/11/2012 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.	