

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213505418

1.) CORPORATION NAME:

**INTUIT INC.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1181710**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

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.

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

|  |   |                                  |  |
|--|---|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | SCOTT D COOK<br>DIRECTOR<br>2700 COAST AVE<br>MOUNTAIN VIEW, CA 94043         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | DIANE B GREENE<br>DIRECTOR<br>2700 COAST AVE<br>MOUNTAIN VIEW, CA 94043       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | MICHAEL R HALLMAN<br>DIRECTOR<br>2700 COAST AVE<br>MOUNTAIN VIEW, CA 94043    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | SUZANNE NORA JOHNSON<br>DIRECTOR<br>2700 COAST AVE<br>MOUNTAIN VIEW, CA 94043 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | EDWARD A KANGAS<br>DIRECTOR<br>2700 COAST AVE<br>MOUNTAIN VIEW, CA 94043      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | DENNIS D POWELL<br>DIRECTOR<br>2700 COAST AVE<br>MOUNTAIN VIEW, CA 94043      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | STRATTON D SCLAVOS<br>DIRECTOR<br>2700 COAST AVE<br>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<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | LAURA FENNELL, SR VP/S/GC<br>PRINTED NAME AND CORPORATE TITLE                 | 1/31/2013<br>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. |   |                                  |  |