

1.) CORPORATION NAME:

**Autodesk, Inc.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1186610**

**GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750,000,000
PREFER	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 MCINNIS PARKWAY

CITY/ST/ZIP: SAN RAFAEL, CA 94903

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: MARK ABRAHAMS  OFFICER  DIRECTOR  
 TITLE: VP/TREASURER  
 ADDRESS: 111 MCINNIS PKWY  
 CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903

NAME: JAN BECKER  OFFICER  DIRECTOR  
 TITLE: SR VP  
 ADDRESS: 111 MCINNIS PARKWAY  
 CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903

NAME: STEVE BLUM  OFFICER  DIRECTOR  
 TITLE: SR VP  
 ADDRESS: 111 MCINNIS PARKWAY  
 CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903

NAME: PASCAL DIFRONZO  OFFICER  DIRECTOR  
 TITLE: S/VP/GEN CNSL  
 ADDRESS: 111 MCINNIS PKWY  
 CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903

NAME: RICHARD M. FOEHR  OFFICER  DIRECTOR  
 TITLE: VP, AGC, AS  
 ADDRESS: 111 MCINNIS PARKWAY  
 CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903

NAME: MARK J HAWKINS  OFFICER  DIRECTOR  
 TITLE: EX VP/CFO  
 ADDRESS: 111 MCINNIS PKWY  
 CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903

NAME: KEVIN LARA TITLE: VICE PRESIDENT ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CARL BASS TITLE: CEO/PRESIDENT/D ADDRESS: 111 MCINNIS PKWY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CRAWFORD W. BEVERIDGE TITLE: DIRECTOR ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J. HALLAM DAWSON TITLE: DIRECTOR ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PER-KRISTIAN (KRIS) HALVORSEN, PH.D TITLE: DIRECTOR ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY T. MCDOWELL TITLE: DIRECTOR ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LORRIE M. NORRINGTON TITLE: DIRECTOR ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STACY J. SMITH TITLE: DIRECTOR ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: 94903, CA 94903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE M. WEST TITLE: DIRECTOR ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS GEORGENS TITLE: DIRECTOR ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903	<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/ RICHARD M. FOEHR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD M. FOEHR, VP, AGC, AS PRINTED NAME AND CORPORATE TITLE	7/12/2013 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.		