

1.) CORPORATION NAME:

DUE DATE: **8/31/2014**

Autodesk, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1186610**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
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.

<p>NAME: CARL BASS TITLE: CEO/PRESIDENT/D ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK ABRAHAMS TITLE: VP/TREASURER ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAN BECKER TITLE: SR VP ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVE BLUM TITLE: SR VP ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PASCAL DIFRONZO TITLE: S/VP/GEN CNSL ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD M. FOEHR TITLE: VP, AGC, AS ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	MARK J HAWKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP/CFO		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		
NAME:	KEVIN LARA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		
NAME:	CRAWFORD W. BEVERIDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		
NAME:	J. HALLAM DAWSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		
NAME:	THOMAS GEORGENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		
NAME:	PER-KRISTIAN (KRIS) HALVORSEN, PH.D	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		
NAME:	MARY T. MCDOWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		
NAME:	LORRIE M. NORRINGTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		
NAME:	STACY J. SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	94903, CA 94903		
NAME:	STEVE M. WEST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		
NAME:	ELIZABETH RAFAEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 MCINNIS PARKWAY		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		

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	RICHARD M. FOEHR, VP, AGC, AS	6/9/2014
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.		