

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 815143 (3)

1. Corporation Name

MOTOROLA SEMICONDUCTOR PRODUCTS INC

Principal Place of Business

1303 E. ALGONQUIN ROAD
SCHAUMBURG IL 60196

Mailing Address

1303 E. ALGONQUIN ROAD
SCHAUMBURG IL 60196

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/22/1961

3a. Date of Last Report

04/19/1994

4. FEI Number

86-0170210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMPSON, CHARLES E.
STREET ADDRESS	1303 E. ALGONQUIN ROAD
CITY - ST - ZIP	SCHAUMBURG IL
TITLE	V
NAME	ALDERINK, ELROY P.
STREET ADDRESS	1303 E. ALGONQUIN ROAD
CITY - ST - ZIP	SCHAUMBURG IL
TITLE	V
NAME	ALTOBELLO, LEONARD M., JR
STREET ADDRESS	1303 E. ALGONQUIN ROAD
CITY - ST - ZIP	SCHAUMBURG IL
TITLE	V
NAME	DUNLEAVY, JOHN J.
STREET ADDRESS	1303 E. ALGONQUIN RD
CITY - ST - ZIP	SCHAUMBURG IL
TITLE	S
NAME	DYBALA, RAY A.
STREET ADDRESS	1303 E. ALGONQUIN ROAD
CITY - ST - ZIP	SCHAUMBURG IL
TITLE	T
NAME	MILNE, GARTH L.
STREET ADDRESS	1303 E. ALGONQUIN ROAD
CITY - ST - ZIP	SCHAUMBURG IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ray A. Dybala* ASSISTANT SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s) / Month / Year

4-10-95