FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # **836374** (9)

1. Corporation Name
AMATI COMMUNICATIONS CORPORATION

Principal Place of Business	Mailing Address
2043 SAMARITAN DRIVE SAN JOSE CA 95124	2043 SAMARITAN DRIVE SAN JOSE CA 95124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1976

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For
21	26	94-1675494	☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVID BIVOLCIC		1.2 NAME		
STREET ADDRESS	16230 SHANNON ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOS GATOS CA 95032		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEENBERGEN, JAMES E.		2.2 NAME		
STREET ADDRESS	211 OAK MEADOW DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LOS GATOS CA 95050		2. 4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TERESITA MEDEL		3.2 NAME		
STREET ADDRESS	48432 AVALON HEIGHTS TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FREMONT CA 94539		3.4. CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRADY, JOSEPH H.		4. 2 NAME		
STREET ADDRESS	20399 KILBRIDGE COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARATOGA CA 95070		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, BENJAMIN W		5.2 NAME		
STREET ADDRESS	20340 HEBARD ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOS GATOS CA 95030		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOOD, JAMES D.		6.2 NAME		
STREET ADDRESS	620 VERA AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	REDWOOD CITY CA 94061		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] **REQUIRED** 1/14/98

CR2E034 (10/97)