

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90101 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 848651

1. Corporation Name
NEC ELECTRONICS INC.

Principal Place of Business 2880 SCOTT BOULEVARD MAIL STOP: SC800 SANTA CLARA CA 95050 US	Mailing Address 2880 SCOTT BOULEVARD PO BOX 58062 SANTA CLARA CA 95052-8062 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/27/1981	
4. FEI Number 94-1644609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	11 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIGEKI, MATSUE		12 NAME Hirokazu Hashimoto	
STREET ADDRESS 2880 SCOTT BOULEVARD		13 STREET ADDRESS 2880 Scott Boulevard	
CITY-ST-ZIP SANTA CLARA CA		14 CITY-ST-ZIP Santa Clara, CA 95050-2554	
TITLE CFO	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KURATA, SHIN		22 NAME	
STREET ADDRESS 2880 SCOTT BOULEVARD		23 STREET ADDRESS	
CITY-ST-ZIP SANTA CLARA CA		24 CITY-ST-ZIP	
TITLE SVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DESPOTES, MIKE		3.2 NAME	
STREET ADDRESS 2880 SCOTT BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP SANTA CLARA CA 95050-2554		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HASHIMOTO, HIROKAZU		4.2 NAME Shigeki Matsue	
STREET ADDRESS 7-1 SHIBA 5-CHOME, MINATO-KU		4.3 STREET ADDRESS 7-1 Shiba 5-Chome, Minato-Ku	
CITY-ST-ZIP TOKYO, JAPAN 10801		4.4 CITY-ST-ZIP Tokyo, Japan 10801	
TITLE SVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORITSUGU, KUNIYOSHI		5.2 NAME	
STREET ADDRESS 2880 SCOTT BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP SANTA CLARA CA		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENDO, NAOYA		6.2 NAME	
STREET ADDRESS 2880 SCOTT BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP SANTA CLARA CA 95050-2554		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, with all other like empowered.

SIGNATURE: Signature Required _____ DATE: 1/7/99 _____ DAYTIME PHONE #: 408-588-6000

CR2E034 (1/98)