


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # F01000001911	
1. Entity Name UNITRODE CORPORATION	

Principal Place of Business M/S 3998 P.O. BOX 650311 DALLAS, TX 75265-0311	Mailing Address M/S 3998 P.O. BOX 650311 DALLAS, TX 75265-0311
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DO NOT WRITE IN THIS SPACE



03182005	No Chg-P	CR2E034 (10/03)
4. FEI Number 04-2271186	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, BART T 7839 CHURCHILL WAY DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWE, GREGG A 12500 TI BOULEVARD DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULL, ELIZABETH 7839 CHURCHILL WAY DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIFKIN, ROBERT A 12500 TI BLVD. DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/28/05-90021-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth W. Bull Elizabeth W. Bull, Director 972/917-6912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #