


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 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
---	---

DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2271186	Applied For 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	DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000749031 05/18/07-80006-006 150.00
---	--	---

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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-24-07 972-917-6912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4-19-07