

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001303

FILED  
Feb 15, 2011  
Secretary of State

Entity Name: BOURNS, INC.

**Current Principal Place of Business:**

1200 COLUMBIA AVE.  
RIVERSIDE, CA 92507

**New Principal Place of Business:**

**Current Mailing Address:**

1200 COLUMBIA AVE.  
RIVERSIDE, CA 92507

**New Mailing Address:**

FEI Number: 95-1747120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HALENDA, JOHN J  
Address: 1200 COLUMBIA AVE.  
City-St-Zip: RIVERSIDE, CA 92507

Title: DV  
Name: GIBBONS, GREGG M  
Address: 1200 COLUMBIA AVE.  
City-St-Zip: RIVERSIDE, CA 92507

Title: CCEO  
Name: BOURNS, GORDON L  
Address: 1200 COLUMBIA AVE.  
City-St-Zip: RIVERSIDE, CA 92507

Title: TCFO  
Name: MCKENNA, WILLIAM P  
Address: 1200 COLUMBIA AVE.  
City-St-Zip: RIVERSIDE, CA 92507

Title: S  
Name: YOUNG, GERALD T  
Address: 1200 COLUMBIA AVE.  
City-St-Zip: RIVERSIDE, CA 92507

Title: ATAS  
Name: SMARR, KAREN J  
Address: 1200 COLUMBIA AVE.  
City-St-Zip: RIVERSIDE, CA 92507

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN J. SMARR

ATAS

02/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date