


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90072 011 ***150.00

DOCUMENT # F95000005497

1. Entity Name
FLEXTRONICS USA, INC.



Principal Place of Business *new:* Mailing Address *new:*
305 Interlocken Parkway **305 Interlocken Parkway**
Broomfield, CO 80021 **Broomfield, CO 80021**
U.S. **U.S.**



2. Principal Place of Business
305 Interlocken

3. Mailing Address
305 Interlocken Parkway

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Broomfield, CO

City & State
Broomfield, CO

Zip Country
80021 U.S.

Zip Country
80021 U.S.

4. FEI Number **16-1318758** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DP <input type="checkbox"/> Delete MCNAMARA, MICHAEL 2090 FORTUNE DR. SAN JOSE CA 95131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO <input type="checkbox"/> Delete SMACH, THOMAS 2090 FORTUNE DR. SAN JOSE CA 95131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete STANDLEY, DONALD 6328 MONARCH PARK PLACE NIWOT CO 80503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF <input type="checkbox"/> Delete READ, PAUL 2090 FORTUNE DR. SAN JOSE CA 95131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete STEWART, TIMOTHY 2090 FORTUNE DR. SAN JOSE CA 95131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete COLLIER, CHRIS 2090 FORTUNE DR. SAN JOSE CA 95131

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Timothy S. Stewart 2/14/06 303-927-4623
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Timothy S. Stewart Date _____ Daytime Phone # _____