

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F97000004808 (8)**
1. Corporation Name
HITACHI SEMICONDUCTOR (AMERICA) INC.



Principal Place of Business 6431 LONGHORN DR. IRVING TX 75063-2738	Mailing Address 6431 LONGHORN DR. IRVING TX 75063-2738
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 09/15/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 75-1609093		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOMIYA, KOSEI	1.2 NAME	Hatsukano, Yoshikazu
STREET ADDRESS	2000 SIERRA POINT PKWY.	1.3 STREET ADDRESS	179 E. Tasman Dr.
CITY-ST-ZIP	BRISBANE CA 94005	1.4 CITY-ST-ZIP	San Jose, CA 95134
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISHIBASHI, TADASHI	2.2 NAME	Ito, Hideaki
STREET ADDRESS	6431 LONGHORN DR.	2.3 STREET ADDRESS	2000 Sierra Point Pkwy.
CITY-ST-ZIP	IRVING TX 75063-2738	2.4 CITY-ST-ZIP	Brisbane, CA 94005
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GSAND, WILLIAM	3.2 NAME	Obuchi, Mikio
STREET ADDRESS	2000 SIERRA POINT PKWY.	3.3 STREET ADDRESS	2000 Sierra Point Pkwy.
CITY-ST-ZIP	BRISBANE CA 94005	3.4 CITY-ST-ZIP	Brisbane, CA 94005
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAKURAI, KATSUMI	4.2 NAME	Hill, Mike
STREET ADDRESS	2000 SIERRA POINT PKWY.	4.3 STREET ADDRESS	6431 Longhorn Dr.
CITY-ST-ZIP	BRISBANE CA 94005	4.4 CITY-ST-ZIP	Irving, TX 75063
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUKUYAMA, MASATAKA	5.2 NAME	Okamoto, Hirofumi
STREET ADDRESS	6431 LONGHORN DR.	5.3 STREET ADDRESS	6431 Longhorn Dr.
CITY-ST-ZIP	IRVING TX 75063-2712	5.4 CITY-ST-ZIP	Irving, Tx 75063
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAWAHARA, HARUNORI	6.2 NAME	
STREET ADDRESS	6431 LONGHORN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063-2738	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

SIGNATURE: *Marie B. Guthrie* Asst. Corporate Secretary 3/24/98 756-3352

CR2E034 (1097)