2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000001446

1. Entity Name
RADISYS CORPORATION

Principal Place of Business	Mailing Address
5445 NE DAWSON CREEK DRIVE HILLSBORO, OR 97124	5445 NE DAWSON CREEK DRIVE ATTN: TAX MANAGER HILLSBORO, OR 97124

07022004 No Chg-P CR2E034 (10/03)

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4. FEI Number
93-0945232
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	GROUT, SCOTT
STREET ADDRESS	5445 NE DAWSON CREEK PARKWAY
CITY-ST-ZIP	HILLSBORO, OR 97124
TITLE	CFP
NAME	HARPER, JULIA
STREET ADDRESS	5445 NE DAWSON CREEK PARKWAY
CITY-ST-ZIP	HILLSBORO, OR 97124
TITLE	COO
NAME	DILBECK, RONALD
STREET ADDRESS	5445 NE DAWSON CREEK PARKWAY
CITY-ST-ZIP	HILLSBORO, OR 97124
TITLE	T
NAME	BRONSON, BRIAN
STREET ADDRESS	5445 NE DAWSON CREEK PARKWAY
CITY-ST-ZIP	HILLSBORO, OR 97124
TITLE	S
NAME	HARPER, JULIA
STREET ADDRESS	5445 NE DAWSON CREEK PARKWAY
CITY-ST-ZIP	HILLSBORO, OF 97124
TITLE	D
NAME	GIBSON, SCOTT
STREET ADDRESS	5445 NE DAWSON CREEK PKWY.
CITY-ST-ZIP	HILLSBORO, OR 97124

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09/08/04-80001-020 150.00

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12. *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 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: _____ JULIA HARPER CFO 08/26/04 503.615.1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #