FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:36

DOCUMENT # P24658 (7)

1. Corporation Name
CIRRUS LOGIC, INC.

Principal Place of Business	Mailing Address
3100 W WARREN AVE FREEMONT CA 94538-6423	3100 W WARREN AVE FREEMONT CA 94538-6423

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1989
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 77-0024818 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HACKWORTH, MICHAEL	1.2 NAME		
STREET ADDRESS	18586 RANCHO LAS CIMAS	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARATOGA CA	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	MEI, KENYON	2.2 NAME		
STREET ADDRESS	444000 PARKMEADOW DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FREMONT CA	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	ALEXY, GEORGE	3.2 NAME		
STREET ADDRESS	1532 NEWPORT AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	PATIL, SUHAS	4.2 NAME		
STREET ADDRESS	21647 RAINBOW DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CUPERTINO CA	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	CANNING, MICHAEL	5.2 NAME		
STREET ADDRESS	115 EUCLID AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	LOS GATOS CA	5.4 CITY-ST-ZIP		
TITLE	CFO	6.1 TITLE	V/T/S	☒ Change ☐ Addition
NAME	SRINIVASAN, SAM	6.2 NAME		
STREET ADDRESS	1011 JOSHUA PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	FREMONT CA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Srini Vasan 2-28-95 510-226-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403202 FP