

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 12 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P35626 (1)
 1. Corporation Name
TELEDEX CORPORATION



Principal Place of Business 6311 SAN IGNACIO AVE. SAN JOSE CA 95119	Mailing Address 6311 SAN IGNACIO AVE. SAN JOSE CA 95119
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1991	3a. Date of Last Report 07/09/1996
21	22	26	27	4. FEI Number 77-0109993	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	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	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**KEEGAN, JOSEPH K
 2900 4TH STREET, UNIT A-201A
 ST PETERSBURG FL 33703**

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	LESNIAK, RONALD S.	
STREET ADDRESS	6311 SAN IGNACIO AVE	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERG, CARL	
STREET ADDRESS	6311 SAN IGNACIO AVE	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	HILL, RICHARD F.	
STREET ADDRESS	6311 SAN IGNACIO AVE	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANE, FRANK	
STREET ADDRESS	6311 SAN IGNACIO AVE	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEEGAN, JOSEPH K.	
STREET ADDRESS	6311 SAN IGNACIO AVE	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KALIN, ALAN	
STREET ADDRESS	6311 SAN IGNACIO AVE	
CITY-ST-ZIP	SAN JOSE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *[Handwritten Signature]* 7/31/97

CR2E034 (4/97)