

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005446

**Entity Name:** IXYS USA, INC.**Current Principal Place of Business:**1590 BUCKEYE DRIVE  
MILPITAS, CA 95035**Current Mailing Address:**1590 BUCKEYE DRIVE  
MILPITAS, CA 95035 US**FEI Number:** 94-2885422**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title DIRECTOR  
Name ZOMMER, NATHAN  
Address 1590 BUCKEYE DRIVE  
City-State-Zip: MILPITAS CA 95035

Title PRESIDENT  
Name SASSON, UZI  
Address 1590 BUCKEYE DRIVE  
City-State-Zip: MILPITAS CA 95035

Title DIRECTOR  
Name FEUCHT, DONALD L  
Address 1590 BUCKEYE DRIVE  
City-State-Zip: MILPITAS CA 95035

Title DIRECTOR  
Name KORY, SAMUEL  
Address 1590 BUCKEYE DRIVE  
City-State-Zip: MILPITAS CA 95035

Title DIRECTOR  
Name LEE, S. JOON  
Address 1590 BUCKEYE DRIVE  
City-State-Zip: MILPITAS CA 95035

Title DIRECTOR  
Name RICHARDSON, TIMOTHY A  
Address 1590 BUCKEYE DRIVE  
City-State-Zip: MILPITAS CA 95035

Title DIRECTOR  
Name THORBURN, JAMES M  
Address 1590 BUCKEYE DRIVE  
City-State-Zip: MILPITAS CA 95035

Title DIRECTOR  
Name WONG, KENNETH D  
Address 1590 BUCKEYE DRIVE  
City-State-Zip: MILPITAS CA 95035

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** UZI SASSON**CFO****02/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date