

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90047 006 ***150.00

DOCUMENT # 605429 1. Entity Name SAWTEK INC.					
Principal Place of Business P.O. BOX 609501 ORLANDO, FL 32860-9501			Mailing Address P.O. BOX 609501 ORLANDO, FL 32860-9501		
2. Principal Place of Business 1818 S. HIGHWAY 441 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State APOPKA FL		City & State 		4. FEI Number 59-1864440	
Zip 32751		Country ORANGE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINK, RAYMOND A. 1818 SOUTH HIGHWAY 441 APOPKA, FL 32703			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2300 BROOKWOOD PARKWAY NE TRIQUINT SPRINGWOOD HILLSBORO FL		
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 <u>Raymond A. Link</u> DATE <u>3/17/04</u> 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 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER, STEVEN P 1818 S HIGHWAY 441 APOPKA, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO RALPH G. QUINSEY 2300 NE BROOKWOOD PKWY HILLSBORO OR 97124	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALUT, BRIAN 1818 S. HWY 441 APOPKA, FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-CEO / SEC RAYMOND A. LINK 2300 NE BROOKWOOD PKWY HILLSBORO OR 97124	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, WILLIS C 1818 S HIGHWAY 441 APOPKA, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ASST SEC STEPHANIE J. WELTY 2300 NE BROOKWOOD PKWY HILLSBORO OR 97124	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASEEM, AZHAR 1818 S. HWY 441 APOPKA, FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIMM, WILLIAM 1818 S HIGHWAY 441 APOPKA, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB STEVEN J. SHARP 2300 NE BROOKWOOD PARKWAY HILLSBORO OREGON 97124	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
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: <u>Raymond A. Link</u>			VP/SEC <u>3/17/04</u> <u>503 615 9435</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		