2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90058 042 ***158.75

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1. Entity Name
SAWTEK INC.

Principal Place of Business	Mailing Address
1818 S. HIGHWAY 441 APOPKA, FL 32751	P.O. BOX 609501 ORLANDO, FL 32860-9501

DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1864440
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LINK, RAYMOND A
C/O OF SAWTER INC.
1818 S HIGHWAY 441
APOPKA, FL 32703

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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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	QUINSEY, RALPH G
STREET ADDRESS	2300 NE BROOKWOOD PKWY
CITY-ST-ZIP	HILLSBORO, OR 97124
TITLE	V
NAME	BALUT, BRIAN
STREET ADDRESS	1818 S. HWY 441
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VCFS
NAME	LINK, RAYMOND A
STREET ADDRESS	2300 NE BROOKWOOD PKWY
CITY-ST-ZIP	HILLSBORO, OR 97124
TITLE	V
NAME	WASEEM, AZHAR
STREET ADDRESS	1818 S. HWY 441
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VAS
NAME	WELTY, STEPHANIE J
STREET ADDRESS	2300 NE BROOKWOOD PKWY
CITY-ST-ZIP	HILLSBORO, OR 97124
TITLE	CB
NAME	SHARP, STEVEN J
STREET ADDRESS	2300 NE BROOKWOOD PARKWAY
CITY-ST-ZIP	HILLSBORO, OR 97124

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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: Raymond Link Raymond A. Link VP 1/7/2005 503-615-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #