

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605429

Entity Name: TRIQUINT, INC.

FILED
Feb 15, 2008
Secretary of State

Current Principal Place of Business:

ATTN: TAX DEPT.
2300 N.E. BROOKWOOD PKWY.
HILLSBORO, OR 97124

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPT.
2300 N.E. BROOKWOOD PKWY.
HILLSBORO, OR 97124

New Mailing Address:

FEI Number: 59-1864440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: QUINSEY, RALPH G
Address: 2300 NE BROOKWOOD PKWY
City-St-Zip: HILLSBORO, OR 97124

Title: VP () Delete
Name: BALUT, BRIAN
Address: 1818 S. HWY 441
City-St-Zip: APOKA, FL 32703

Title: CFO (X) Delete
Name: WELTY, STEPHANIE J
Address: 2300 NE BROOKWOOD PKWY
City-St-Zip: HILLSBORO, OR 97124

Title: VP (X) Delete
Name: WASEEM, AZHAR
Address: 1818 S. HWY 441
City-St-Zip: APOKA, FL 32703

Title: CB (X) Delete
Name: SHARP, STEVEN J
Address: 2300 NE BROOKWOOD PARKWAY
City-St-Zip: HILLSBORO, OR 97124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: BUHALY, STEVEN J
Address: 2300 NE BROOKWOOD PKWY
City-St-Zip: HILLSBORO, OR 97124

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONNA RAGAN

TAX

02/15/2008

Electronic Signature of Signing Officer or Director

_____ Date