2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# 814978

Entity Name: TEKTRONIX INC

Current Principal Place of Business:

PO BOX 500
M/S 55-TAX
BEAVERTON, OR 970770001 US

New Principal Place of Business:

14200 SW KARL BRAUN DRIVE
BEAVERTON, OR 970770001 US

Current Mailing Address:

PO BOX 500
M/S 55-TAX
BEAVERTON, OR 970770001 US

New Mailing Address:

FEI Number: 93-0343990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	C	( ) Delete
Name:	WILLS, RICHARD H	
Address:	14200 SW KARL BRAUN 55-985	
City-St-Zip:	BEAVERTON, OR 97077 US	
Title:	VS	( ) Delete
Name:	DALTON, JAMES F	
Address:	14200 SW KARL BRAUN 55-985	
City-St-Zip:	BEAVERTON, OR 97077 US	
Title:	V	( ) Delete
Name:	SLADE, COLIN L.	
Address:	14200 SW KARL BRAUN 55-985	
City-St-Zip:	BEAVERTON, OR 97077 US	
Title:	V	( ) Delete
Name:	MAJOR, JOHN T	
Address:	14200 SW KARL BRAUN 55-985	
City-St-Zip:	BEAVERTON, OR 97077 US	
Title:	D	( ) Delete
Name:	CAMPBELL, DAVID N	
Address:	INNOVATION ADVISORS 28 WINTER STREET	
City-St-Zip:	WALTHAM, MA 02451 US	
Title:	D	( ) Delete
Name:	CAMERON, GARY B	
Address:	14200 SW KARL BRAUN 55-985	
City-St-Zip:	BEAVERTON, OR 97077 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: PAUL R. OLDHAM VP 04/24/2007

Electronic Signature of Signing Officer or Director — Date