

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 SEP 26 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 815143**

**1. Corporation Name**

**MOTOROLA SEMICONDUCTOR PRODUCTS, INC.**

**2. Principal Office Address**

**1303 E. Algonquin Rd.**

Suite, Apt. #, etc.

City & State

**Schaumburg, IL**

Zip

**60196**

Country

**3. Mailing Office Address**

**1303 E. Algonquin Rd.**

Suite, Apt. #, etc.

City & State

**Schaumburg, IL**

Zip

**60196**

Country

**800004623978--8**  
-10/04/01--01068--012  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

**REINSTATEMENT 2001**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**03/22/61**

**5. FEI Number**

**86-0170210**

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**CT Corporation System**

Street Address (P.O. Box Number Is Not Acceptable)

**1200 S. Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

State

**FL**

Zip Code

**33324**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

**Connie Bryan**

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

Date

**9-26-01**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip

**SEE ATTACHED**

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

**Ray A. Dybala**

**Ray A. Dybala**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/25/01**

Date

Daytime Phone #

# MOTOROLA SEMICONDUCTOR PRODUCTS, INC.

PRINCIPLE PLACE OF BUSINESS	1303 E. Algonquin Road Schaumburg, IL 60196
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DIRECTORS:	ADDRESS
Bob Gowney	1303 E. Algonquin Road Schaumburg, IL 60196
Carl F. Koenemann	1303 E. Algonquin Road Schaumburg, IL 60196
Fred Schlapak	1303 E. Algonquin Road Schaumburg, IL 60196

OFFICERS:	TITLE	ADDRESS
Hans Wildenberg	President	1303 E. Algonquin Road Schaumburg, IL 60196
Carl F. Koenemann	Vice President	1303 E. Algonquin Road Schaumburg, IL 60196
Garth Milne	Treasurer	1303 E. Algonquin Road Schaumburg, IL 60196
A. Peter Lawson	Secretary	1303 E. Algonquin Road Schaumburg, IL 60196
Ray A. Dybala	Assistant Secretary	1303 E. Algonquin Road Schaumburg, IL 60196