FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 828406 (9)

1. Corporation Name

MEASUREX SYSTEMS, INC.

Principal Place of Business	Mailing Address
1 RESULTS WAY CUPERTINO CA 95014	1 RESULTS WAY CUPERTINO CA 95014

3. Date Incorporated or Qualified: 08/01/1972
3a. Date of Last Report: 05/01/1995
4. FEI Number: 94-1698278 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TAS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HIRT, ROBERT W.		1.2 NAME	
STREET ADDRESS	ONE RESULTS WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO, CA 00000		1.4 CITY-ST-ZIP	
TITLE	VASD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	~~MEADAMS, ROBERT JR~~		2.2 NAME	MCADAMS, ROBERT JR
STREET ADDRESS	~~1 RESULT WAY~~		2.3 STREET ADDRESS	ONE RESULTS WAY
CITY-ST-ZIP	CUPERTINO, CA 00000		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	~~GINERICH, JOHN~~		3.2 NAME	GINGERICH, JOHN
STREET ADDRESS	~~1 RESULT WAY~~		3.3 STREET ADDRESS	ONE RESULTS WAY
CITY-ST-ZIP	CUPERTINO, CA 00000		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VAN ORDEN, CHARLES		4.2 NAME	
STREET ADDRESS	ONE RESULTS WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WEYAND, WILLIAM		5.2 NAME	
STREET ADDRESS	ONE RESULTS WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	~~WERTZ, FAUST~~		6.2 NAME	BOSSEN, DAVID A.
STREET ADDRESS	ONE RESULTS WAY		6.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/15/96 (408) 255-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT W. HIRT TREASURER