

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 832945**

1. Entity Name  
**NATIONAL SEMICONDUCTOR CORPORATION**



Principal Place of Business

**2900 SEMICONDUCTOR DRIVE  
P. O. BOX 58090, M/S 10-360  
SANTA CLARA, CA 95051-0606**

Mailing Address

**3875 KIFER RD  
MS AL-360  
SANTA CLARA, CA 95051-0606**



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**95-2095071**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CPCE  
HALLA, BRIAN L  
2900 SEMICONDUCTOR DR  
SANTA CLARA, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
FOLTZ, JAMES R  
2900 SEMICONDUCTOR DR  
SANTA CLARA, CA 95051**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
CLARK, JOHN M III  
2900 SEMICONDUCTOR DR  
SANTA CLARA, CA 95051**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVCT  
AGGAWAL, KAMAL  
2900 SEMICONDUCTOR DR  
SANTA CLARA, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
KUNZ, DETLEV  
2900 SEMICONDUCTOR DR  
SANTA CLARA, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVCO  
MACLEOD, DONALD  
2900 SEMICONDUCTOR DR  
SANTA CLARA, CA**

1100000321527  
04/21/05-80081-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James R Foltz Treasurer**

**11 APR 05**

**(408) 721-5693**

Date

Daytime Phone #