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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 850943

(2)

1. Corporation Name
ZILOG, INC.

Principal Place of Business

210 HACIENDA AVE.
CAMPBELL CA 95008

Mailing Address

210 HACIENDA AVE.
CAMPBELL CA 95008-6617



3. Date Incorporated or Qualified 11/05/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 13-3092996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACK, EDGAR A	1.2 NAME	BOB WHITE
STREET ADDRESS	210 HACIENDA AVENUE	1.3 STREET ADDRESS	210 EAST HACIENDA AVENUE
CITY-ST-ZIP	CAMPBELL CA	1.4 CITY-ST-ZIP	CAMPBELL, CA
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICKARD, RICHARD R.	2.2 NAME	LARRY WANGBERG
STREET ADDRESS	210 HACIENDA AVENUE	2.3 STREET ADDRESS	210 EAST HACIENDA AVENUE
CITY-ST-ZIP	CAMPBELL CA	2.4 CITY-ST-ZIP	CAMPBELL, CA
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANEWAY, WILLIAM H.	3.2 NAME	
STREET ADDRESS	488 LEXINGTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRESSEL, HENRY	4.2 NAME	
STREET ADDRESS	488 LEXINGTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, THOMAS J.	5.2 NAME	
STREET ADDRESS	8270 EAST PHELPS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, WILLIAM R	6.2 NAME	ROBERT E. COLLINS
STREET ADDRESS	210 HACIENDA AVE	6.3 STREET ADDRESS	210 E. HACIENDA AVE
CITY-ST-ZIP	CAMPBELL CA	6.4 CITY-ST-ZIP	CAMPBELL, CA 95008

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: Robert E. Collins 3/12/97 408/370-8648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:me Phone #

CR2E034 (9/96)