


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90047 050 ***150.00

DOCUMENT # F01000000199 1. Entity Name FLEXTRONICS INTERNATIONAL USA, INC.					
Principal Place of Business 2090 FORTUNE DRIVE SAN JOSE, CA 95131			Mailing Address 2090 FORTUNE DRIVE SAN JOSE, CA 95131		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6328 Monarch Park Place			
City & State		City & State Niwot, CO		4. FEI Number 94-3061570	
Zip 95131		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAMARA, MICHAEL 2090 FORTUNE DRIVE SAN JOSE, CA 95131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP (Vice President) Donald Standley 6328 Monarch Park Place Niwot, CO 80503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLAWSON-HARTIGAN, LAURETTE 2090 FORTUNE DRIVE SAN JOSE, CA 95131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMACH, THOMAS J 2090 FORTUNE DRIVE SAN JOSE, CA 95131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCVS STEWART, TIMOTHY L 2090 FORTUNE DRIVE SAN JOSE, CA 95131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, MICHAEL E 2090 FORTUNE DRIVE SAN JOSE, CA 95131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKES, ROBERT R.B. 2090 FORTUNE DRIVE SAN JOSE, CA 95131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			3/24/04 303-652-4823 Donald Standley, Vice President		