

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90095 029 \*\*\*158.75

<b>DOCUMENT # F01000003771</b> 1. Entity Name <b>TRIQUINT SEMICONDUCTOR, INC.</b>					
Principal Place of Business <b>2300 N.E. BROOKWOOD PKWY HILLSBORO, OR 97124</b>			Mailing Address <b>2300 N.E. BROOKWOOD PKWY HILLSBORO, OR 97124</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>95-3654013</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5:00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO QUINSEY, RALPH G 2300 N.E. BROOKWOOD PKWY HILLSBORO, OR 97124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Balyt, Brian P. 2300 NE Brookwood Parkway Hillsboro, OR 97124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LINK, RAYMOND A 2300 N.E. BROOKWOOD PKWY HILLSBORO, OR 97124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cordner, Thomas V 2300 NE Brookwood Parkway Hillsboro, OR 97124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB SHARP, STEVEN J 2300 N.E. BROOKWOOD PKWY HILLSBORO, OR 97124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fournier, Bruce R. 2300 NE Brookwood Parkway Hillsboro, OR 97124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, WILLIS C 2300 N.E. BROOKWOOD PKWY HILLSBORO, OR 97124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Debonis, Todd 2300 NE Brookwood Parkway Hillsboro, OR 97124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELTY, STEPHANIE J 2300 N.E. BROOKWOOD PKWY HILLSBORO, OR 97124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Aye, David J. 2300 NE Brookwood Parkway Hillsboro, OR 97124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASEEM, AZHAR 2300 N.E. BROOKWOOD PKWY HILLSBORO, OR 97124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Riley, Glen A. 2300 NE Brookwood Parkway Hillsboro, OR 97124	<input type="checkbox"/> Change <input checked="" 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: <u>Raymond A. Link</u> <b>RAYMOND A. LINK</b> <u>1/7/2005</u> <u>503-615-9000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50011372**



01072005 Chg-P CR2E034 (10/03)

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # F01000003771

1. Entity Name  
TRIQUINT SEMICONDUCTOR, INC.



Principal Place of Business  
2300 N.E. BROOKWOOD PKWY  
HILLSBORO, OR 97124

Mailing Address  
2300 N.E. BROOKWOOD PKWY  
HILLSBORO, OR 97124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005

Chg-P

CR2E034 (10/03)

4. FEI Number  
95-3654013

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete  
NAME QUINSEY, RALPH G  
STREET ADDRESS 2300 N.E. BROOKWOOD PKWY  
CITY-ST-ZIP HILLSBORO, OR 97124

TITLE VP ☐ Change ☒ Addition  
NAME Sanna, James Michael  
STREET ADDRESS 2300 NE Brookwood Parkway  
CITY-ST-ZIP Hillsboro, OR 97124

TITLE SVP ☐ Delete  
NAME LINK, RAYMOND A  
STREET ADDRESS 2300 N.E. BROOKWOOD PKWY  
CITY-ST-ZIP HILLSBORO, OR 97124

TITLE D ☐ Change ☒ Addition  
NAME Gibson, Charles Scott  
STREET ADDRESS 2300 NE Brookwood Parkway  
CITY-ST-ZIP Hillsboro, OR 97124

TITLE COB ☐ Delete  
NAME SHARP, STEVEN J  
STREET ADDRESS 2300 N.E. BROOKWOOD PKWY  
CITY-ST-ZIP HILLSBORO, OR 97124

TITLE D ☐ Change ☒ Addition  
NAME Alvarez, Francisco  
STREET ADDRESS 2300 NE Brookwood Parkway  
CITY-ST-ZIP Hillsboro, OR 97124

TITLE D ☐ Delete  
NAME YOUNG, WILLIS C  
STREET ADDRESS 2300 N.E. BROOKWOOD PKWY  
CITY-ST-ZIP HILLSBORO, OR 97124

TITLE D ☐ Change ☒ Addition  
NAME Tuck, Edward  
STREET ADDRESS 2300 NE Brookwood Parkway  
CITY-ST-ZIP Hillsboro, OR 97124

TITLE VP ☐ Delete  
NAME WELTY, STEPHANIE J  
STREET ADDRESS 2300 N.E. BROOKWOOD PKWY  
CITY-ST-ZIP HILLSBORO, OR 97124

TITLE D ☐ Change ☒ Addition  
NAME Rhines, Walden C.  
STREET ADDRESS 2300 NE Brookwood Parkway  
CITY-ST-ZIP Hillsboro, OR 97124

TITLE VP ☐ Delete  
NAME WASEEM, AZHAR  
STREET ADDRESS 2300 N.E. BROOKWOOD PKWY  
CITY-ST-ZIP HILLSBORO, OR 97124

TITLE D ☐ Change ☒ Addition  
NAME Gary, Paul A  
STREET ADDRESS 2300 NE Brookwood Parkway  
CITY-ST-ZIP Hillsboro, OR 97124

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:

*Raymonda Jent*

Raymond A. Link

1/7/2005

503-615-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #