2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR -7 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000028

1. Entity Name
TTM ADVANCED CIRCUITS INC.

Principal Place of Business	Mailing Address
234 CASHMAN DR CHIPPEWA FALLS, WI 54729	234 CASHMAN DR CHIPPEWA FALLS, WI 54729

D21Z005T AREINP CR2E098 (6/04) 04-05

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2630 S. Harbor Boulevard Suite, Apt. #, etc.
City & State	City & State Santa Ana, CA
Zip / Country	Zip 92704 / Country USA

4. FEI Number 41-0917530 ☐ 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 Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 3/7/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO KENTON, ALDER 2630 S HARBOR BLVD SANTA ANA, CA 92704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CEO/P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO PETERSON, STACEY 2630 S HARBOR BLVD SANTA ANA, CA 92704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CFO/VP/S/T 700048990877 03/23/05--01034--003 **900.00	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB GOETTMAN, JEFFREY T 1455 PENNSYLVANIA AVE NW SUITE 350 WASHINGTON, DC 20004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO WHITESDIE, SHANE 2630 S HARBOR BLVD SANTA ANA, CA Q92704	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Stacey Peterson 2/22/05 714/241-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Stacey Peterson