

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2005 90080 042 ***150.00

DOCUMENT # F02000005407

1. Entity Name
TRIMBLE MOBILE SOLUTIONS, INC.



Principal Place of Business
14301-G SULLYFIELD CIRCLE
CHANTILLY, CA 20151

Mailing Address
PO BOX 3642
ATTN: TAX DEPT 87
SUNNYVALE, CA 94088

40014703



01192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
54-1792670

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 S. 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 P ☒ Delete
NAME BERGLUND, STEVEN W
STREET ADDRESS 749 N MARY AVE
CITY-ST-ZIP SUNNYVALE, CA 94085

TITLE PRESIDENT ☐ Change ☒ Addition
NAME RICHARD A. BEYER
STREET ADDRESS 14301 G SULLYFIELD CIRCLE
CITY-ST-ZIP CHANTILLY, VA 20151

TITLE VASC ☒ Delete
NAME GENOVESE, MARY ELLEN
STREET ADDRESS 749 N MARY AVE
CITY-ST-ZIP SUNNYVALE, CA 94085

TITLE CFO ☐ Change ☒ Addition
NAME MARK HARRINGTON
STREET ADDRESS 749 N. MARY AVE
CITY-ST-ZIP SUNNYVALE, CA 94085

TITLE VS ☐ Delete
NAME KWATEK, IRWIN
STREET ADDRESS 749 N MARY AVE
CITY-ST-ZIP SUNNYVALE, CA 94085

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Irwin Kwatek

IRWIN KWATEK

1/19/05 (408)481-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #