

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006278

Entity Name: SOLECTRON USA, INC.

FILED
May 04, 2006
Secretary of State

Current Principal Place of Business:

ATTN: LEGAL DEPT., 847 GIBRALTAR DR
MILIPITAS, CA 95035

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL DEPT., 847 GIBRALTAR DR
MILIPITAS, CA 95035

New Mailing Address:

FEI Number: 77-0587128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ONETTO, MARC
Address: ATTN: LEGAL DEPT., 847 GIBRALTAR DR
City-St-Zip: MILIPITAS, CA 95035

Title: VP () Delete
Name: LAKKARAJU, ROOP
Address: ATTN: LEGAL DEPT., 847 GIBRALTAR DR
City-St-Zip: MILIPITAS, CA 95035

Title: AS () Delete
Name: CHU, TIM
Address: 847 GIBRALTAR DR - BLDG 5
City-St-Zip: MILIPITAS, CA 95035

Title: T () Delete
Name: LIGAN, WARREN
Address: ATTN: LEGAL DEPT., 847 GIBRALTAR DR
City-St-Zip: MILIPITAS, CA 95035

Title: DVP () Delete
Name: HAYES, PERRY
Address: ATTN: LEGAL DEPT., 847 GIBRALTAR DR
City-St-Zip: MILIPITAS, CA 95035

Title: AS () Delete
Name: YAMAMOTO, NITAYA
Address: ATTN: LEGAL DEPT., 847 GIBRALTAR DR
City-St-Zip: MILIPITAS, CA 95035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK MCGRATH

POA

05/04/2006

Electronic Signature of Signing Officer or Director

Date