2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000254

Title:

Name:

Address:

City-St-Zip:

Entity Name: SUNPOWER CORPORATION, SYSTEMS

FILED Jan 29, 2009 Secretary of State

Littly Nai	ile. SONFC	JVIER CORFORATION,	STOTEWO					
Current Principal Place of Business:				New Principal Place of Business:				
	BOUR WAY D, CA 9480							
Current Mailing Address:				New Mailing Address:				
1414 HARBOUR WAY SOUTH RICHMOND, CA 94804				C/O SUNPOWER CORPORATION - LEGAL DEPT 3939 N FIRST STREET SAN JOSE, CA 95134				
FEI Number:	94-3008969	FEI Number Applied Fo	or () FEI Nui	mber Not Appli	icable ()	Certificate	of Status Desir	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
1200 SOU	ORATION S TH PINE ISL ON, FL 333	AND ROAD						
	named entit of Florida.	ry submits this statement	for the purpose o	of changing it	ts registered	office or reg	jistered agent	., or both,
SIGNATUR								
Electronic Signature of Registered Agent				Date				
Election Can	npaign Financ	ing Trust Fund Contribution	().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CP SWANSON, 3939 N FIRS SAN JOSE, 0	ST STREET		Title: Name: Address: City-St-Zip:	DCEO (2 WERNER, TH 3939 N FIRST SAN JOSE, C	STREET	Addition	
Title: Name: Address: City-St-Zip:	VPST PEIR, JAY 3939 N FIRS SAN JOSE, 0			Title: Name: Address: City-St-Zip:	DCFO (X ARRIOLA, DE 3939 N FIRST SAN JOSE, C	STREET	Addition	
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	S (LEDESMA, BF 3939 N FIRST SAN JOSE, C	STREET	Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE LEDESMA S 01/29/2009

() Delete

() Change (X) Addition

ARMSBY, MICHAEL

3939 N FIRST STREET

SAN JOSE, CA 95134 US