

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003408

Entity Name: SCI TECHNOLOGY, INC.

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

13000 SOUTH MEMORIAL PARKWAY  
HUNTSVILLE, FL 35803

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1000  
HUNTSVILLE, AL 35807

**New Mailing Address:**

13000 SOUTH MEMORIAL PARKWAY  
HUNTSVILLE, FL 35803

FEI Number: 63-0889617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: MACKEDANZ, LEROY  
Address: 13000 SOUTH MEMORIAL PARKWAY  
City-St-Zip: HUNTSVILLE, FL 35803

Title: PD  
Name: SCHULL, TODD  
Address: 2700 NORTH FIRST STREET  
City-St-Zip: SAN JOSE, CA 95134

Title: SD  
Name: SADEGHIAN, CHRISTOPHER K  
Address: 2700 NORTH FIRST STREET  
City-St-Zip: SAN JOSE, CA 95134

Title: VP  
Name: SOLA, JURE  
Address: 2700 NORTH FIRST STREET  
City-St-Zip: SAN JOSE, CA 95134

Title: CFO  
Name: EULAU, ROBERT K  
Address: 2700 NORTH FIRST STREET  
City-St-Zip: SAN JOSE, CA 95134

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER K. SADEGHIAN

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04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date