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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002995 (9)

1. Corporation Name
ELECTROGLAS, INC.

Principal Place of Business
2901 CORONADO DRIVE
SANTA CLARA CA 95054

Mailing Address
2901 CORONADO DRIVE
SANTA CLARA CA 95054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1993
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business
21 3045 Stender Way
22 Suite, Apt. #, etc.
23 City & State: Santa Clara, CA
24 Zip: 95054
25 Country:

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 77-0336101 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1 TITLE	☐ Change ☐ Addition
NAME	BONKE, NEIL R	1 NAME	
STREET ADDRESS	3045 STENDER WAY	1 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA	1 CITY-ST-ZIP	
TITLE	P	2 TITLE	☐ Change ☐ Addition
NAME	CORNWELL, WILLIAM J	2 NAME	
STREET ADDRESS	3045 STENDER WAY	2 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA	2 CITY-ST-ZIP	
TITLE	VST	3 TITLE	☐ Change ☐ Addition
NAME	STEGALL, ARMAND J	3 NAME	
STREET ADDRESS	3045 STENDER WAY	3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA	3 CITY-ST-ZIP	
TITLE	D	4 TITLE	Director — XX Change ☐ Addition
NAME	~~CARPENTER, EDMUND M~~	4 NAME	Wozniak, Curt
STREET ADDRESS	~~1 HIGH RIDGE PARK, BOX 10010~~	4 STREET ADDRESS	2100 Logic Drive
CITY-ST-ZIP	~~STAMFORD CT 06904~~	4 CITY-ST-ZIP	San Jose, CA 95124-3400
TITLE	D	5 TITLE	Director — Change XX Addition
NAME	EMERICK, ROGER D	5 NAME	Dox, Joseph F.
STREET ADDRESS	4650 CUSHING PARKWAY	5 STREET ADDRESS	14603 El Puente Way
CITY-ST-ZIP	FREMONT CA 94538	5 CITY-ST-ZIP	Saratoga, CA 95070
TITLE	D	6 TITLE	☐ Change ☐ Addition
NAME	FRANKENBERG, ROBERT J	6 NAME	
STREET ADDRESS	5301 STEVENS CREEK BLVD.	6 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA 95052	6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Laurence Barrett — 5-1-95 — (408)727-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480295 FP