FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F93000002995 (9)

DOCUMENT #

1. Corporation Name

ELECTROGLAS, INC.

Principal Place of Business
3045 STENDER WAY SANTA CLARA CA 95054
US

SIGNATURE

Mailing Address

2901 CORONADO DRIVE SANTA CLARA CA **850**54



9 (Binched		7 Feb 2015 According to 1944 Admin 1949 Admi				 Date Incorporated or Qualified 06/29/1993 	3a. Date	of Last Report 5/01/1995		
21 Philippart	Place of Business	h	2a. Mailing Address			4. FEI Number	J	Applied For		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				77-0336101		Not Applicable		
22 City & Sta	ta	27				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23		City & State				6. Election Campaign Financing	F-1	\$5.00 May Be		
Zip	Country	Zip	Countr			Trust Fund Contribution		Added to Fees		
24	25	29	30	y	J	8. This corporation has liability for in Florida Statutes		k under s. 199.032,		
Name and Address of Current Registered Agent						Florida Statutes Yes No 10. Name and Address of New Registered Agent				
				Name						
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324					y alah mindrom yaya daka daga maya gayar					
			84	 	aty			· · · · · · · · · · · · · · · · · · ·		
11 D	to the goods and C		1	1 -	•		FL	85 Zip Code		
162: Chillière AA1	to the provisions of Sections 607.0502 ar red agent, or both, in the State of Florida. ith, and accept the obligations of, Section	nd 607.1508, Florida Statu Such change was authori 607.0505, Florida Statute	rie s, the above- ized by the corp is.	nam orat	ed corporatio ion's board c	n submits this statement for the purp f directors. I hereby accept the appoi	ose of char intment as r	ging its registered office egistered agent. I am		
SIGNATURE	Signature, typed or printed name of registered agent and	Mark I constructed								
12.	OFFICERS AND D		OTE Registered Age	it sign	ature required who		DATE			
THE	CD	DELETE	1 1 TITLE			ADDITIONS/CHANGES TO OFFIC				
NAME	BONKE, NEIL R		1.2 NAME				<u> </u>]	Change		
STREET ADDRESS	3045 STENDER WAY	4	1.3 STREET	ADDE	AECC					
CITY+ST-ZIP	SANTA CLARA CA 9505	:4	1.4 CITY-S		-					
TILLE	P	DELE1E	2.1 TITLE	1 2 1		RECTOR		Change Addition		
NAME	CORNWELL, WILLIAM J	AGD -	22 NAME		l i€ n	RECTUR MERICK, ROGER	、⊅.∐	Charige Addition		
STREET ADDRESS	3045 STENDER WAY	DRED	23 STREET	ADDR	itss 620	4 HILLS BORDUG	H. BI	-VD		
CiTY-ST-ZiP	SANTA CLARA CA 355-		2 4 CiTY-S	r - 21P	HIL	LSBOBOUGH, CA	94	010		
TITLE	STEGALL, ARMAND J	DELETE	3. 1 THTLE			- x20(120) (1) / C / 1	· · · · · · · · · · · · · · · · · · ·	Change		
NAME 	3045 STENDER WAY		3.2 NAME					ا ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ،		
STREET ADDRESS	SANTA CLARA CA 9 5054	L	3.3 STREET	ADDR	RESS					
CITY - S1 - ZIP TITLE	ח אוואסט אוואס		3.4 CITY - \$1	- 2119						
NAME	WOZNIAK, CURT	DELETE	4 1 THEF		CF	0 d Director ZNIAK, CURT 45 Stender U	23	Change Addition		
STREET ADDRESS	2100 LOGIC DRIVE		4.2 NAME		1000	ZNIAK, CURT	<u></u>			
CHY-ST-ZIP	SAN JOSE CA		4.3 STREET J		:ss 30	45 STEMPEN U	vay	,		
TITLE	D	DELETE	4.4 CITY-ST	- ZIP	Sa	nta clara, cf	9	5054		
NAME	DOX, JOSEPH F	T) percit	5. 1 TITLE			•		Change 🔲 Addition		
STREET ADDRESS	14603 EL PUENTE WAY		5.2 NAME							
CITY-ST-ZIP	SARATOGA CA 9507	0	53 STREET A		55			ĺ		
ITLE	D	DELETE	5.4 C/TY - ST 6. 1 Till (-ZIP		13 de	<u></u>			
IAME	Frankenberg, Robert J	bul weer to	6.2 NAME				[23]	Change		
TREET ADDRESS	5301 STEVENS CREEK BLVD.		6.3 STREET A	nnor	ss 182	11 Gregory A	lace.	į		
ITY - ST - ZIP	SANTA CLARA CA 95052		0.4.0.7./		inn.		72	QEARA		
4. I do hereby	certify that the information supplied with the	his filing is voluntarily furni	shed and does	not i	qualify for the	ATE SETEND	3/6/ [152]	95030		
oath; that I appears in F	certify that the information supplied with the information indicated on the annual real an officer or director of the corporation block 12 or Block 13 or block 20 made.	port or supplemental annual or the receiver or trustee	al report is true empowered to	and exe	l accurate and cute this repo	that my signature shall have the sar ort as required by Chapter 607. Florid	эдку, гтолаа ne legal effe la Statutes:	otatutes. I further act as if made under		

Sale LAWRENCE GARRETT 4/22/96 408 727-6500 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR