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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90001 008 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F93000002995

1. Corporation Name  
**ELECTROGLAS, INC.**



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

Mailing Address  
 3045 STENDER WAY  
 SANTA CLARA CA 95054  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/29/1993**

4. FEI Number **77-0336101** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
 NAME **BONKE, NEIL R**  
 STREET ADDRESS **3045 STENDER WAY**  
 CITY-ST-ZIP **SANTA CLARA CA 95054**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **DOX, JOSEPH F**  
 STREET ADDRESS **14603 EL PUENTE WAY**  
 CITY-ST-ZIP **SARATOGA CA 95070**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **EMERICK, ROGER**  
 STREET ADDRESS **4655 CUSHING PARKWAY**  
 CITY-ST-ZIP **FREMONT CA 94538**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **FRANKENBERG, ROBERT J**  
 STREET ADDRESS **155 TECHNOLOGY WAY, A-3-34**  
 CITY-ST-ZIP **OREM UT 84057-2399**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **PCD**  DELETE  
 NAME **WOZNIAK, CURTIS S**  
 STREET ADDRESS **3045 STENDER WAY**  
 CITY-ST-ZIP **SANTA CLARA CA 95054**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **VTS**  DELETE  
 NAME **STEGAL, ARMAND J**  
 STREET ADDRESS **3045 STENDER WAY**  
 CITY-ST-ZIP **SANTA CLARA CA 95054**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Armand J. Stegall*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Armand J. Stegall**  
 Finance, Secretary

Date

Daytime Phone #

4/16/99

(408) 727-6500

CR2E034 (1/198)