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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 12 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300003100 (5)

LEVEL ONE COMMUNICATIONS, INCORPORATED

Principal Place of Business Mailing Address 9750 GOETHE RD. 9750 GOETHE RD SACRAMETO CA 95827-3500 SACRAMENYTO CA 95827 3. Date incorporated or Qualified 3a. Date of Last Report 07/06/1993 08/02/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 33-0128224 Not Applicable 26 21 Suite, Apt #, etc \$8.75 Additional Suite Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Г 28 Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032, Ζıp Country Country Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 62 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 City 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 affice 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 Sugramme "specime printed name of regestered agent and site if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change Addition DELETE 1.1 TITLE TITLE PD PEPPER, ROBERT S DR. 1.2 NAME 9750 GOETHE ROAD 1.3 STREET ADDRESS STREET ADDRESS SACRAMENTO CA 14 City-St-7iP CHY-ST Change Addition DELETE 2.1 TITLE TITLE NAME KEHOE, JOHN 2.2 NAME 9750 GOETHE ROAD 2.3 STREET ADDRESS STREET ADORESS SACRAMENTO CA 2 4 CITY - ST - ZIP <u>CL</u>TY - ST - ZIP DELETE ☐ Change Addition 3.1 TITLE NAME KRESSEL, HENRY DR. 3.2 NAME STREET ADDRESS **466 LEXINGTON AVENUE** 3.3 STREET ADDRESS **NEW YORK NY 10017** 3 4. CITY-ST-ZIP COY ST ZIP DELETE ☐ Change Addition 4.1 TITLE THE NAME LANDY, JOSEPH 4 2 NAME **466 LEXINGTON AVENUE** 4.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10017** 4.4 CITY-ST-ZIP CITY SE-ZIP Change Addition DELETE 51 TITLE TRUE GRAY, PROF PAUL 5.2 NAME NAME COLLEGE OF ENGINEERING, UC BERKELY 5.3 STREET ADDRESS STREET ADDRESS BERKELY CA 5.4 CITY-ST-ZIP CITY - ST - ZIF Change Addition DELETE THLE 6.1 TITLE D JURICK, MARTIN 6.2 NAME NAME 14351 MYFORD ROAD 6.3 STREET ADDRESS STREET ADDRESS **TUSTIN CA 92680** 6.4 CITY - ST - ZIP CITY - ST - ZIF

14. I do hereby certify that the information supplied with this filling 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

#EOURED

n attachment with an address.

appears in Block 12 or Block 13 if change

SIGNATURE: