


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F93000003100 (5)</b> 1. Corporation Name <b>LEVEL ONE COMMUNICATIONS, INCORPORATED</b>					
Principal Place of Business 9750 GOETHE RD SACRAMENTO CA 95827 US			Mailing Address 9750 GOETHE RD. SACRAMENTO CA 95827 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9750 GOETHE RD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/06/1993</b>	
22 City & State 23 <b>SACRAMENTO CA</b>		27 City & State 28		4. FEI Number <b>33-0128224</b> Applied For Not Applicable	
24 Zip <b>95826</b>		25 Country		29 Zip	
26 Country		27 Zip		28 Country	
9. Name and Address of Current Registered Agent <b>G T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				<b>FL</b>	

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	PD	1.1 TITLE	
NAME	PEPPER, ROBERT S DR.	1.2 NAME	
STREET ADDRESS	9750 GOETHE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	KEHOE, JOHN	2.2 NAME	
STREET ADDRESS	9750 GOETHE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	KRESSEL, HENRY DR.	3.2 NAME	
STREET ADDRESS	466 LEXINGTON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LANDY, JOSEPH	4.2 NAME	
STREET ADDRESS	466 LEXINGTON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GRAY, PROF PAUL	5.2 NAME	
STREET ADDRESS	COLLEGE OF ENGINEERING, UC BERKELY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BERKELY CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	JURICK, MARTIN	6.2 NAME	
STREET ADDRESS	14351 MYFORD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TUSTIN CA 92680	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.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**

1-28-98

CF2E034 (10/97)