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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 FEB 17 PM 3:17

DOCUMENT # F94000000678 (2)

1. Corporation Name

LOS GATOS CIRCUITS, INC.

Principal Place of Business

2030 FORTUNE DR., STE. A
SAN JOSE CA 95131

Mailing Address

2030 FORTUNE DR., STE. A
SAN JOSE CA 95131

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 02/10/1994

3a. Date of Last Report:

4. FEI Number: 77-0058265 — 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

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

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

9. Name and Address of Current Registered Agent

LUCHTE, ALBERT
~~455 ALTERNATE 19, APT. 146~~ 6409 WESTGATE DR. #213
~~PALM HARBOR FL 34683~~ ORLANDO, FL 32835

10. Name and Address of New Registered Agent

81 Name: ALBERT LUCHTE
82 Street Address (P.O. Box Number is Not Acceptable): 6409 WESTGATE DR, #213
83
84 City: Orlando FL 85 Zip Code: 32835

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

TITLE	P
NAME	BOWEN, MIKE
STREET ADDRESS	521 VISTA RIDGE DR.
CITY-ST-ZIP	MILPITAS CA 95035
TITLE	V
NAME	JEHNSEN, CHRIS
STREET ADDRESS	3580 PEAK DR.
CITY-ST-ZIP	SAN JOSE CA 95127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(i), Florida Statutes. I further certify that the information indicated on this 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] 2/13/95 408/456-0969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CHRIS Jehnsen

0480300 FP