


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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90008 021 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002657**

1. Corporation Name

**TRIMBLE NAVIGATION LIMITED CORPORATION**



Principal Place of Business <b>645 NORTH MARY AVENUE SUNNYVALE CA 94086</b>	Mailing Address <b>645 N. MARY AVE. C/O <del>BOB</del> ACCOUNTING - TAX DEPT SUNNYVALE CA 94086 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/23/1994</b>	
				4. FEI Number <b>94-2802192</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C 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 <b>FL</b> 85 Zip Code	
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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)

DA

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TRIMBLE, CHARLES R			1.2 NAME	BRADFORD PARKINSON		
STREET ADDRESS	645 NORTH MARY AVENUE			1.3 STREET ADDRESS	645 NORTH MARY AVENUE		
CITY-ST-ZIP	SUNNYVALE CA 94086			1.4 CITY-ST-ZIP	SUNNYVALE, CA 94086		
TITLE	CFO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	ACTING CFO, VP FINANCE, CORP. CONTROLLER		<input checked="" type="checkbox"/> Addition
NAME	ING, DENNIS			2.2 NAME	MARY ELLEN GENOVESE		
STREET ADDRESS	645 NORTH MARY AVENUE			2.3 STREET ADDRESS	645 NORTH MARY AVENUE		
CITY-ST-ZIP	SUNNYVALE CA			2.4 CITY-ST-ZIP	SUNNYVALE, CA 94086		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TRIMBLE, ROBERT A			3.2 NAME	JOHN GOODRICH		
STREET ADDRESS	645 NORTH MARY AVENUE			3.3 STREET ADDRESS	645 NORTH MARY AVENUE		
CITY-ST-ZIP	SUNNYVALE CA 94086			3.4 CITY-ST-ZIP	SUNNYVALE, CA 94086		
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VP WORLDWIDE SALES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ESCHENBACH, RALPH F			4.2 NAME	CHARLES ARMIGER		
STREET ADDRESS	645 NORTH MARY AVENUE			4.3 STREET ADDRESS	645 NORTH MARY AVE.		
CITY-ST-ZIP	SUNNYVALE CA 94086			4.4 CITY-ST-ZIP	SUNNYVALE, CA 94086		
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VP MOBILE+TIMING TECHNOLOGY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUEY, JOHN			5.2 NAME	DAVID HALL		
STREET ADDRESS	645 NORTH MARY AVE			5.3 STREET ADDRESS	645 NORTH MARY AVE.		
CITY-ST-ZIP	SUNNYVALE CA 94086			5.4 CITY-ST-ZIP	SUNNYVALE, CA 94086		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	VP AEROSPACE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	MICHAEL P. GAGLIARDI		
STREET ADDRESS				6.3 STREET ADDRESS	645 NORTH MARY AVE.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	SUNNYVALE, CA 94086		

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:** *Mary Ellen Genovese* **REQUIRED** *MARY ELLEN GENOVESE* **1/13/99** **(408) 481-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)