

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2000 8:00 am**
Secretary of State

03-22-2000 90082 044 ***150.00

DOCUMENT # F94000002657

1. Entity Name

TRIMBLE NAVIGATION LIMITED CORPORATION

Principal Place of Business

**645 NORTH MARY AVENUE
SUNNYVALE CA 94086**

Mailing Address

**645 N. MARY AVE.
C/O TAX DEPT
SUNNYVALE CA 94086-2907
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2802192

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back): ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|----------------------|-----------------------|--------------------|--|-----------|--------------------|---------------------|---------------------|---------------------------------|--|
| PD | PARKINSON, BRADFORD | 645 NORTH MARY AVENUE | SUNNYVALE CA 94086 | <input checked="" type="checkbox"/> | PRESIDENT | STEVEN W. BERGLUND | 645 NORTH MARY AVE. | SUNNYVALE, CA 94086 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CVFC | GENOVESE, MARY-ELLEN | 645 NORTH MARY AVENUE | SUNNYVALE CA 94086 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| S | GOODRICH, JOHN | 645 NORTH MARY AVENUE | SUNNYVALE CA 94086 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| V | ARMINGER, CHARLES | 645 NORTH MARY AVENUE | SUNNYVALE CA 94086 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| T | HUEY, JOHN | 645 NORTH MARY AVE | SUNNYVALE CA 94086 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| V | HALL, DAVID | 645 NORTH MARY AVE. | SUNNYVALE CA 94086 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

(408) 481-8000

Daytime Phone #

CR2E034 (9/99)