

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
 03-06-2002 90135 019 ***150.00

03/06/2002 08:00:00

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
 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)**

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**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP + GENERAL COUNSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRWIN KWATEK	
STREET ADDRESS	645 NORTH MARY AVENUE	
CITY-ST-ZIP	SUNNYVALE, CA 94086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM C. BURGESS	
STREET ADDRESS	645 NORTH MARY AVENUE	
CITY-ST-ZIP	SUNNYVALE, CA 94086	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 (408) 481-8000

Date

Daytime Phone #

CR2E034 (9/01)