

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90572 035 ***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 US

2. Principal Place of Business
749 NORTH MARY AVE.

3. Mailing Address
749 N. MARY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
C/O TAX DEPT.

04132004 Chg-P CR2E034 (10/03)

City & State
SUNNYVALE CA

City & State
SUNNYVALE, CA

4. FEI Number
94-2802192

Applied For
Not Applicable

Zip
94085

Country
USA

Zip
94085

Country
USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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	VPGC	<input type="checkbox"/> Delete
NAME	KWATEK, IRWIN	
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	VP	<input type="checkbox"/> Delete
NAME	BURGESS, WILLIAM C	
STREET ADDRESS	645 NORTH MARY AVE.	
CITY-ST-ZIP	SUNNYVALE, CA 94086	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	749 NORTH MARY AVE.
CITY-ST-ZIP	SUNNYVALE, CA 94085
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	749 NORTH MARY AVE.
CITY-ST-ZIP	SUNNYVALE, CA 94085
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	749 NORTH MARY AVE.
CITY-ST-ZIP	SUNNYVALE, CA 94085
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	749 NORTH MARY AVE
CITY-ST-ZIP	SUNNYVALE, CA 94085
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	749 NORTH MARY AVE
CITY-ST-ZIP	SUNNYVALE, CA 94085

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Irwin Kwatek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 (408) 481-8000
Date Daytime Phone #