FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 9:56

DOCUMENT # F94000002911 (5)

1. Corporation Name
CIDCO INCORPORATED

Principal Place of Business	Mailing Address
105-H COCHRANE CIR. MORGAN HILL CA 95037	105-H COCHRANE CIR. MORGAN HILL CA 95037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21 220 Cochrane Circle
22 Suite, Apt. #, etc.
23 City & State: Morgan Hill, CA
24 Zip: 95037 25 Country: Santa Clara

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

4. FEI Number: 13-3500734 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	V ☐ Change ☒ Addition
NAME	LOCKLIN, PAUL G	12 NAME	Timothy Dooley
STREET ADDRESS	~~105-H COCHRANE CIR.~~ 220 Cochrane Circle	13 STREET ADDRESS	220 Cochrane Circle
CITY ST ZIP	MORGAN HILL CA 95037	14 CITY ST ZIP	Morgan Hill, CA 95037
TITLE	V	21 TITLE	V ☐ Change ☒ Addition
NAME	LANDRY, STEVEN L	22 NAME	Thomas Bristovish
STREET ADDRESS	~~105-H COCHRANE CIR.~~ 220 Cochrane Circle	23 STREET ADDRESS	147 Palmer Ave
CITY ST ZIP	MORGAN HILL CA 95037	24 CITY ST ZIP	Mamaroneck, NY 10543
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, SCOTT C	32 NAME	
STREET ADDRESS	~~105-H COCHRANE CIR.~~ 220 Cochrane Circle	33 STREET ADDRESS	
CITY ST ZIP	MORGAN HILL CA 95037	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DIAMOND, ROBERT L	42 NAME	
STREET ADDRESS	147 PALMER AVE.	43 STREET ADDRESS	
CITY ST ZIP	MAMARONECK NY 10543	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MOLEY, RICHARD	52 NAME	
STREET ADDRESS	1400 PARKMOORE AVE.	53 STREET ADDRESS	
CITY ST ZIP	SAN JOSE CA 95126	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JACQUET, ERNEST K	62 NAME	
STREET ADDRESS	ONE BOSTON PL.	63 STREET ADDRESS	
CITY ST ZIP	BOSTON MA 02108	64 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 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.

SIGNATURE: X Scott McDonald - CFO
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

6/7/95 (408)779-1183
Date Daytime Phone #

0481004 FP