

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

FILED
May 04 1998 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # F94000005731 (4)

1. Corporation Name
CYRIX CORPORATION

Principal Place of Business
**2703 N. CENTRAL EXPRESSWAY
RICHARDSON TX 75080**

Mailing Address
**P.O. BOX 853920
ATTN: ALAN BUEHLER
RICHARDSON TX 75085-3920**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-2218250	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAIRBANKS, RUSSELL N			1.2 NAME			
STREET ADDRESS	2703 N. CENTRAL EXPRESSWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON TX			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DECHAUD, NANCY B			2.2 NAME			
STREET ADDRESS	2703 N. CENTRAL EXPRESSWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON TX			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCDONOUGH, KEVIN C			3.2 NAME			
STREET ADDRESS	2703 N. CENTRAL EXPRESSWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON TX 75080			3.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PACELEY, LEWIS R			4.2 NAME			
STREET ADDRESS	2703 N. CENTRAL EXPRESSWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON TX			4.4 CITY-ST-ZIP			
TITLE	DC	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASH, HARVEY B			5.2 NAME			
STREET ADDRESS	2703 N. CENTRAL EXPRESSWAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON TX 75080			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEVIN, L.J.			6.2 NAME			
STREET ADDRESS	2703 N. CENTRAL EXPRESSWAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON TX 75080			6.4 CITY-ST-ZIP			

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.

CR2E034 (10/97)