

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005857 (7)**

1. Corporation Name

SYMMETRICOM, INC.



Principal Place of Business

**85 WEST TASMAN DRIVE
SAN JOSE CA 95134**

Mailing Address

**85 WEST TASMAN DRIVE
SAN JOSE CA 95134**

2. Principal Place of Business

21. Suite, Apt., etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt., etc.

27. City & State

28. Zip

Country

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
04/07/1995

4. FEI Number

95-1906306

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.1506, 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 607.06(6), Florida Statutes.

SIGNATURE

Signature of Agent or person authorized to take and file this report

Signature of Registered Agent or person authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

1. NAME	CD	☐ DELETE
2. NAME	RASDAL, WILLIAM	
3. STREET ADDRESS	85 WEST TASMAN DRIVE	
4. CITY, STATE, ZIP	SAN JOSE CA	
5. TITLE	VCD	☐ DELETE
6. NAME	RISINGER, PAUL	
7. STREET ADDRESS	85 WEST TASMAN DRIVE	
8. CITY, STATE, ZIP	SAN JOSE CA	
9. TITLE	D	☐ DELETE
10. NAME	ANDERSON, HOWARD	
11. STREET ADDRESS	85 WEST TASMAN DRIVE	
12. CITY, STATE, ZIP	SAN JOSE CA 95134	
13. TITLE	D	☐ DELETE
14. NAME	WOLFE, ROBERT	
15. STREET ADDRESS	85 WEST TASMAN DRIVE	
16. CITY, STATE, ZIP	SAN JOSE CA 95134	
17. TITLE	VCFO	☐ DELETE
18. NAME	KAMSLER, J. SCOTT	
19. STREET ADDRESS	85 WEST TASMAN DRIVE	
20. CITY, STATE, ZIP	SAN JOSE CA 95134	
21. TITLE	D	☐ DELETE
22. NAME	STRAUCH, ROGER	
23. STREET ADDRESS	85 WEST TASMAN DRIVE	
24. CITY, STATE, ZIP	SAN JOSE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY, STATE, ZIP	
5. 5. TITLE	☐ Change ☐ Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY, STATE, ZIP	
9. 9. TITLE	☐ Change ☐ Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY, STATE, ZIP	
13. 13. TITLE	☐ Change ☐ Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY, STATE, ZIP	
17. 17. TITLE	☐ Change ☐ Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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. I change my name or my address to the following address:

SIGNATURE:

J. Scott Kamsler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Scott Kamsler, CFO/VP

*1/17/96 (408)
943-9403*
DATE
Telephone Number

CR2E034 (12/95)