

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90157 009 \*\*\*150.00

**DOCUMENT # F95000000873**

1. Corporation Name  
**TENYAR INTERNATIONAL, INC.**



Principal Place of Business  
**C/O RAYCHEM, M/S 110/8105  
300 CONSTITUTION DRIVE  
MENLO PARK CA 94025-1164  
US**

Mailing Address  
**C/O RAYCHEM, M/S 110/8105  
300 CONSTITUTION DRIVE  
MENLO PARK CA 94025-1164  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 C/O RAYCHEM M/S 110/2A**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23**  
Zip Country  
**24 25**

2a. Mailing Address  
**26 C/O RAYCHEM M/S 110/2A**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28**  
Zip Country  
**29 30**

3. Date Incorporated or Qualified  
**02/22/1995**

4. FEI Number  
**94-3071955**

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT 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 607.05(2) 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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KASHNOW, RICHARD A.</b>	
STREET ADDRESS	<b>300 CONSTITUTION DRIVE</b>	
CITY-ST-ZIP	<b>MENLO PARK CA 94025-1164</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>COTTLE, KAREN O</b>	
STREET ADDRESS	<b>300 CONSTITUTION DRIVE</b>	
CITY-ST-ZIP	<b>MENLO PARK CA 94025-1164</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>HARNET, RALPH H.</b>	
STREET ADDRESS	<b>300 CONSTITUTION DRIVE</b>	
CITY-ST-ZIP	<b>MENLO PARK CA 94025-1164</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMS, RAYMOND J.</b>	
STREET ADDRESS	<b>300 CONSTITUTION DRIVE</b>	
CITY-ST-ZIP	<b>MENLO PARK CA 94025-1164</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LARSEN, LARS</b>	
STREET ADDRESS	<b>300 CONSTITUTION DRIVE</b>	
CITY-ST-ZIP	<b>MENLO PARK CA 94025-1164</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDBERG, LISA</b>	
STREET ADDRESS	<b>300 CONSTITUTION DRIVE</b>	
CITY-ST-ZIP	<b>MENLO PARK CA 94025-1164</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Lisa Lindberg* **LISA LINDBERG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SCTY.

**4/23/99**  
Date

**(650) 361-3333**  
Daytime Phone #

CR2E034 (1/1/98)

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