


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90029 010 ***150.00

DOCUMENT # F95000005497		
1. Entity Name FLEXTRONICS USA, INC.		

Principal Place of Business 305 ENTERLOCKEN PKWY BROOMFIELD, CO 80021 US	Mailing Address 305 ENTERLOCKEN PKWY BROOMFIELD, CO 80021 US
--	--

2. Principal Place of Business - No P.O. Box # 305 Interlocken Pkwy Suite, Apt. #, etc.	3. Mailing Address 305 Interlocken Pkwy Suite, Apt. #, etc.
---	---

City & State Broomfield, Co	City & State Broomfield, Co
Zip 80021	Country U.S.



01172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
---	--

4. FEI Number 16-1318758	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

7. Name and Address of New Registered Agent 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP MCNAMARA, MICHAEL 2090 FORTUNE DR. SAN JOSE, CA 95131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DCFO SMACH, THOMAS 2090 FORTUNE DR. SAN JOSE, CA 95131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V STANDLEY, DONALD 6328 MONARCH PARK PLACE NIWOT, CO 80503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Donald Standley 305 Interlocken Pkwy Broomfield, CO 80021
TITLE NAME STREET ADDRESS CITY-ST-ZIP VF READ, PAUL 2090 FORTUNE DR. SAN JOSE, CA 95131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S STEWART, TIMOTHY 2090 FORTUNE DR. SAN JOSE, CA 95131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS COLLIER, CHRIS 2090 FORTUNE DR. SAN JOSE, CA 95131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Timothy L. Stewart</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/17/07 Date	303-927-4879 Daytime Phone #
--	-----------------	---------------------------------