

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002607 (7)

1. Corporation Name

OAK TECHNOLOGY, INC.

Principal Place of Business

139 KIFER CT.  
SUNNYVALE CA 94086

Mailing Address

139 KIFER CT.  
SUNNYVALE CA 94086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

77-0161486

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAIR, WELDON B  
4730 NW BOCA RATON BLVD., STE. 100  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

Sidney S. Faulkner

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

*Richard A. Black*  
Signature typed or printed name of registered agent and title if applicable.

*Sidney S. Faulkner, VP/CFO*  
(NOTE: Registered Agent signature required when reinstating)

9/9/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CP  
TSANG, DAVID  
STREET ADDRESS 139 KIFER CT.  
CITY-ST-ZIP SUNNYVALE CA 94086

TITLE ☐ DELETE

NAME D  
BLACK, RICHARD  
STREET ADDRESS 139 KIFER CT.  
CITY-ST-ZIP SUNNYVALE CA 94086

TITLE ☐ DELETE

NAME D  
TOMLINSON, TIM  
STREET ADDRESS 200 PAGE MILL RD., 2/F  
CITY-ST-ZIP PALO ALTO CA 94306

TITLE ☒ DELETE

NAME VD  
BRYSON, DONALD R  
STREET ADDRESS 139 KIFER CT.  
CITY-ST-ZIP SUNNYVALE CA 94086

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

*Sidney S. Faulkner*  
Signature typed or printed name of registered agent and title if applicable.

9/9/97

408-233-0888

CR2E034 (4/97)