DOCUMENT # F9600004176  1. Entity Name  TDK SEMICONDUCTOR CORPORATION					FILED Jan 31, 2000 8:00 am Secretary of State		
Principal Place of Business		Mailing Address			01-31-2000 9001		
2642 MICHELLE DR 12 HARBOR PARK DRIVE TUSTIN CA 92780-19 US		C/O TDK U.S.A. CORPORATION 12 HARBOR PARK DRIVE PORT WASHINGTON NY 11050-4649			1 (88)(88 (118 (88) 88)(1 88)(1 88)(1 88)	SI <b>BB</b> III <b>AG</b> III <b>B</b> IA <b>B</b> I (1811 188	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		Citŷ & State		<b>4.</b> FI	El Number 33-0712261		pplied For ot Applicable
Zip	Country	Zip	Country	<b>5</b> . C	ertificate of Status Desired	□ \$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent	<u> </u>	7 N	ame and Address of New Reg	Fee Require	ю
	o. Name and Address of Current	registered Agent	Name	7. 1	and and Address of their rieg	notorou Agom	_
1201	PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301-2525		Street Addr	ess (P.O. Bo	x Number is Not Acceptable)		
.,,			City			FL Zip Cod	le
Tax filing r	Signature, typed or printed name of registered agent praction, is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW After MAY 1, 20	E: Registered Agent signature re III FEE IS \$150.00 DOO Fee will be \$550. ble to Department of	.00	Election Campaign Finar     Trust Fund Contribution.	++	<b>)0</b> May Be d to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADI	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SUZUKI, TSUTAE 2642 MICHELLE DR TUSTIN CA 92780-7019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	· 🔲 Addition
TITLE NAME	DV IKEDA, MASAAKI	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS* CITY-ST-ZIP	2642 MICHELLE DR************************************		- STREET ADDRESS CITY-ST-ZIP		<del></del>	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AOSHIMA, KENICHI 12 HARBOR PARK DRIVE PORT WASHINGTON NY 11050	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LAMAY, JOHN 2642 MICHELLE DR TUSTIN CA 92780-7019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGOSHI, YUKIMICHI 2642 MICHELLE DR TUSTIN CA 92780-7019	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	Certify that the information supplied with on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signature shall have t as required by Chapte	e the same le	egal effect as if made under cal	tn; that i am an officei	r or airector

Kenichi Aoshima, Secretary 01/25/2000 516-625-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description

Descriptio

Daytime Phone #