

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

FILED

Feb 11 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 # F96000004492 (2)

1. Corporation Name

SANDISK CORPORATION

Principal Place of Business

140 CASPIAN COURT
SUNNYVALE CA 94089

Mailing Address

140 CASPIAN COURT
SUNNYVALE CA 94089-1000



3. Date Incorporated or Qualified

08/28/1996

3a. Date of Last Report

4. FEI Number

77-0191793

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 607.0502 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

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	P	<input type="checkbox"/> DELETE
NAME	HARARI, ELIAHOU	
STREET ADDRESS	140 CASPIAN COURT	
CITY-ST-ZIP	SUNNYVALE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLACE, ROBERT	
STREET ADDRESS	140 CASPIAN COURT	
CITY-ST-ZIP	SUNNYVALE CA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BURGDORF, CINDY	
STREET ADDRESS	140 CASPIAN COURT	
CITY-ST-ZIP	SUNNYVALE CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FEDERMAN, IRWIN	
STREET ADDRESS	2180 SAND HILL ROAD, STE 300	
CITY-ST-ZIP	MENLO PARK CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEINDL, JAMES D	
STREET ADDRESS	1046 WOODRUFF PLANTATION	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODRICH, CATHERINE P	
STREET ADDRESS	3787 WOODSIDE ROAD	
CITY-ST-ZIP	WOODSIDE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAMPBELL, WILLIAM V.	
1.3 STREET ADDRESS	140 CASPIAN COURT	
1.4 CITY-ST-ZIP	SUNNYVALE, CA	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RIZZI, JOSEPH	
2.3 STREET ADDRESS	140 CASPIAN COURT	
2.4 CITY-ST-ZIP	SUNNYVALE, CA	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHUGART, ALAN F.	
3.3 STREET ADDRESS	140 CASPIAN COURT	
3.4 CITY-ST-ZIP	SUNNYVALE, CA	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JACKSON, MARIANNE	
4.3 STREET ADDRESS	140 CASPIAN COURT	
4.4 CITY-ST-ZIP	SUNNYVALE, CA	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AUCLAIR, DANIEL	
5.3 STREET ADDRESS	140 CASPIAN COURT	
5.4 CITY-ST-ZIP	SUNNYVALE, CA	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MALMED, LEON	
6.3 STREET ADDRESS	140 CASPIAN COURT	
6.4 CITY-ST-ZIP	SUNNYVALE, CA	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)