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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98

2. Principal Place of Business

25

Suite, Apt. #, etc.

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004987 (1)

ROCKWELL SEMICONDUCTOR SYSTEMS, INC.

siness	Mailing Address				
	625 LIBERTY AVENUE PITTSBURGH PA 15222-3123				
625 LIBERTY AVENUE PITTSBURGH PA 15222-3123					

2a. Mailing Address

City & State

29

9. Name and Address of Current Registered Agent

Block 12 or Block 13 if changed, or on an attachment with an address.

Suite, Apt. #, etc.

## **FILED** May 15 1998 8:00am Secretary of State



8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

09/27/1996

25-1799439

5. Certificate of Status Desired

6. Flection Campaign Financing

Personal Property Tax due June 30.

4-21.50

412515-2515

10. Name and Address of New Registered Agent

Trust Fund Contribution

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81				
			82				
			83				
			84	City		FL 85 Zip C	ode
11 Durement	to the provisions of Sections 607.0502 and t	007 1508 Horida Statutos 1	ho above	anamed c	ornoration enhants this statement for the		ragistered
office or r	egistered agent, or both in the State of Flor m familiar with, and accept the obligations o	ida. Such change was autho	orized by	the corpo	ration's board of directors. Thereby acc	ept the appointment as i	registered
SIGNATURE							
40	Signature, typical or priched name of regulatoral agent and to			nt a gnature re	Quired when reinstaling)  ADDITIONS/CHANGES TO OFF	DATE	
12.	OFFICERS AND DIRE	and the second s	13.		ADDITIONS/CHANGES TO OFF	Change	Addition
	DECKER, D.W	C) Mill	1.1 TOLE			C change	
NAME			1.2 NAME				į
STREET ADDRESS	4311 JAMBOREE ROAD		1.3 STREET	1			
CITY-ST-ZIP	NEWPORT BEACH FL 92660		1.4 CITY - ST - Z				4.44000
TITLE	VPD		21 TITLE			☐ Change	Addition
NAME (	KALAS, A. C.		2.2 NAME	-			\ 
STREET ADDRESS	4311 JAMOREE ROAD		2.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	NEWPORT BEACH CA 92660		2 4 CITY - 8	I - ZIP			
TITLE	SD	[] DELETE	3.1 TITLE	-		☐ Change	L_1 Addition
NAME	VETTER, W		3.2 NAME				- [
STREET ADDRESS	2201 SEAL BEACH BLVD		3 3 STREET ADDR				j
CITY-ST-ZIP	SEAL BEACH CA 90740		3.4. CITY - S1 - ZIP				
TITLE	1	DELETE	4.1 TITLE		_	🔼 Change	Addition
NAME	P <b>o</b> pov <b>re</b> , dennis j		4 2 NAME	1			ł
STREET ADDRESS	625 LIBERTY AVENUE		43 STREET	ADDRESS			1
CITY-ST-ZIP	PITTSBURGH PA 15222-3123	Ì	4.4 CHY-S	T-21P			Ì
TITLE	AT	DELETE	5.1 TITLE			Change	Addition
NAME	CRIBBS, J R		5.2 NAME	1			}
STREET ADDRESS	625 LIBERTY AVENUE	i	5.3 STREET	ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA 15222-3123	1	5.4 CHY-S	I - ZIP			}
TITLE	AT		6.1 TiTLE			☐ Change	Addition
NAME Í	STOOPS JR, CC	ł	6.2 NAME				
STREET ADDRESS	625 LIBERTY AVENUE		63 STHFF1	ADDRESS			1
CITY-ST-ZIP	PITTSBURGH PA 15222-3123		6.4 CHY-S				}
	ertify that the information supplied with this				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 eath; 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

Country

30