

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 00 SEP 13 PM 12: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F96000004987 1. Corporation Name CONEXANT SYSTEMS, INC.					
Principal Place of Business 4311 JAMBOREE ROAD NEWPORT BEACH CALIFORNIA 92660		Mailing Address 4311 JAMBOREE ROAD NEWPORT BEACH CALIFORNIA 92660			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 09/27/96 5. FEI Number 25-1799439 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/C	DWIGHT W. DECKER	4311 JAMBOREE ROAD	NEWPORT BEACH, CA 92660		
CFO	BALAKRISHNAN S. IYER	4311 JAMBOREE ROAD	NEWPORT BEACH, CA 92660		
VP/T	KERRY K. PETRY	4311 JAMBOREE ROAD	NEWPORT BEACH, CA 92660		
VP	STEVEN M. THOMSON	4311 JAMBOREE ROAD	NEWPORT BEACH, CA 92660		
S	DENNIS E. O'REILLY	4311 JAMBOREE ROAD	NEWPORT BEACH, CA 92660		
AS	NOREEN E. BURNS	4311 JAMBOREE ROAD	NEWPORT BEACH, CA 92660		
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent PETER F. SOUZA ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN			Date 8/21/00		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: Kerry K. Petry SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Kerry K. Petry/Treasurer Date		7/10/00 Daytime Phone #	