

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005529 (9)

1. Corporation Name
GIGALABS, INC.

Principal Place of Business
290 SANTA ANA CT.
SUNNYVALE CA 94086

Mailing Address
290 SANTA ANA CT.
SUNNYVALE CA 94086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1997

4. FEI Number
77-0184836

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

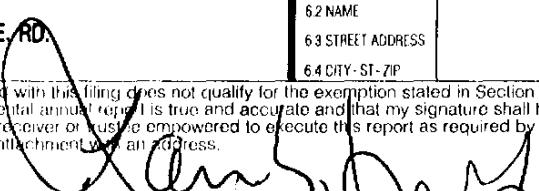
Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	T
NAME	LEONG, KON	1.2 NAME	RAY FRITZ
STREET ADDRESS	290 SANTA ANA CT.	1.3 STREET ADDRESS	290 SANTA ANA CT
CITY-ST-ZIP	SUNNYVALE CA 94086	1.4 CITY-ST-ZIP	SUNNYVALE, CA 94086
TITLE	DT	2.1 TITLE	DV
NAME	LI, LAMBERT	2.2 NAME	LI, LAMBERT
STREET ADDRESS	290 SANTA ANA CT.	2.3 STREET ADDRESS	290 SANTA ANA CT
CITY-ST-ZIP	SUNNYVALE CA 94086	2.4 CITY-ST-ZIP	SUNNYVALE, CA 94086
TITLE	SD	3.1 TITLE	
NAME	WILSON, J R	3.2 NAME	
STREET ADDRESS	290 SANTA ANA CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94086	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FOK, SIMON K	4.2 NAME	
STREET ADDRESS	290 SANTA ANA CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94086	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HSU, MICHAEL	5.2 NAME	
STREET ADDRESS	290 SANTA ANA CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94086	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CHEN, FELIX	6.2 NAME	
STREET ADDRESS	2 FL 217 SEC 3-NAKING E. RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAIPEI TAIWAN	6.4 CITY-ST-ZIP	

14. I 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 to an address.

SIGNATURE:  4/2/98 (408) 481-3030

CR2E034 (10/97)