2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000004033

BELL, DAVID B

1001 MURPHY RANCH ROAD

MILPITAS, CA 95035 US

Name:

Address: City-St-Zip:

FILED Jul 16, 2009 Secretary of State

Entity Name: INTERSIL COMMUNICATIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1001 MURPHY RANCH ROAD MILPITAS, CA 95035 **Current Mailing Address: New Mailing Address:** 1650 ROBERT J. CONLAN BLVD. PALM BAY, FL 32905 FEI Number: 59-3586843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition Name: JOHN Name: LISI, JOHN 1650 ROBERT J CONLAN BLVD. PALM BAY FL 329 Address: 1650 ROBERT J CONLAN BLVD. PALM BAY FL 329 Address: City-St-Zip: PALM BAY, FL 32905 US City-St-Zip: PALM BAY, FL 32905 US () Delete Title: Title: (X) Change () Addition Name: DOUGLAS Name: BALOG, DOUGLAS 1650 ROBERT J CONLAN BLVD. PALM BAY FL 329 1650 ROBERT J CONLAN BLVD. PALM BAY FL 329 Address: Address: PALM BAY, FL 32905 US PALM BAY, FL 32905 US City-St-Zip: City-St-Zip: Title: Title: V () Delete (X) Change () Addition **THOMAS** TOKOS, THOMAS Name: Name: 1001 MURPHY RANCH ROAD MILPITAS CA 95035 1001 MURPHY RANCH ROAD MILPITAS CA 95035 Address: Address: City-St-Zip: MILPITAS, CA 95035 US City-St-Zip: MILPITAS, CA 95035 US Title: () Delete Title: () Change () Addition BELL, DAVID B Name: Name: Address: 1001 MURPHY RANCH ROAD Address: City-St-Zip: City-St-Zip: MILPITAS, CA 95035 US Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN P LISI Τ 07/16/2009