

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90084 006 ***150.00

DOCUMENT # F99000005064

1. Entity Name
ZILOG, INC.

Principal Place of Business

Mailing Address

910 EAST HAMILTON AVENUE
CAMPBELL CA 95008

910 EAST HAMILTON AVENUE
CAMPBELL CA 95008

532 Race Street
San Jose, CA 95126

532 Race Street
San Jose, CA 95126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3092996

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, CURTIS J	
STREET ADDRESS	910 EAST HAMILTON AVENUE	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	PICKARD, RICHARD B ESQ.	
STREET ADDRESS	910 EAST HAMILTON AVENUE	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDLAND, RICHARD S	
STREET ADDRESS	910 EAST HAMILTON AVENUE	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, MURRAY A	
STREET ADDRESS	910 EAST HAMILTON AVENUE	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, WILLIAM S	
STREET ADDRESS	910 EAST HAMILTON AVENUE	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANTON, DAVID M	
STREET ADDRESS	910 EAST HAMILTON AVENUE	
CITY-ST-ZIP	CAMPBELL CA 95008	

TITLE	P & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORBURN, JAMES M.	
STREET ADDRESS	532 Race Street	
CITY-ST-ZIP	San Jose, CA 95126	
TITLE	VP & CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY GRACE	
STREET ADDRESS	532 Race Street	
CITY-ST-ZIP	San Jose, CA 95126	
TITLE	VP & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL M JOCHNOWITZ	
STREET ADDRESS	532 Race Street	
CITY-ST-ZIP	San Jose, CA 95126	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM S. PRICE III	
STREET ADDRESS	532 Race Street	
CITY-ST-ZIP	San Jose, CA 95126	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL D. BURGER	
STREET ADDRESS	532 Race Street	
CITY-ST-ZIP	San Jose, CA 95126	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN W. MARREN	
STREET ADDRESS	532 Race Street	
CITY-ST-ZIP	San Jose, CA 95126	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna M. Friedman, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/23/02 408

CR2E034 (9/01)