

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13281

1. Corporation Name

RAYCHEM CORPORATION

Principal Place of Business

Mailing Address

**300 CONSTITUTION DRIVE
MENLO PARK, CA 94025**

3. Date Incorporated or Qualified

3a. Date of Last Report:

02/17/1987

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

94-1369731

Not Applicable

5. Certificate of Status Des red

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

81 Name

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

83

84 City

FL 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 file, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **SALDICH, ROBERT J**
STREET ADDRESS **300 CONSTITUTION DR.**
CITY, ST, ZIP **MENLO PARK, CA 94025**

TITLE **D** ☐ DELETE

NAME **COOK, PAUL M.**
STREET ADDRESS **300 CONSTITUTION DRIVE**
CITY, ST, ZIP **MENLO PARK, CA 94025**

TITLE **V** ☐ DELETE

NAME **SIMS, RAYMOND J.**
STREET ADDRESS **300 CONSTITUTION DRIVE**
CITY, ST, ZIP **MENLO PARK, CA 94025**

TITLE **T** ☐ DELETE

NAME **LARSEN, LARS**
STREET ADDRESS **300 CONSTITUTION DRIVE**
CITY, ST, ZIP **MENLO PARK, CA 94025**

TITLE **S** ☐ DELETE

NAME **VIZAS, ROBERT J.**
STREET ADDRESS **300 CONSTITUTION DRIVE**
CITY, ST, ZIP **MENLO PARK, CA 94025**

TITLE **AS** ☐ DELETE

NAME **LINDBERG, LISA**
STREET ADDRESS **300 CONSTITUTION DRIVE**
CITY, ST, ZIP **MENLO PARK, CA 94025**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

P ☒ Change ☐ Addition

KASHNOW, RICHARD A.
300 CONSTITUTION DRIVE
MENLO PARK, CA 94025

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 with an address.

SIGNATURE:

Lisa Lindberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LISA LINDBERG, ASSISTANT SECRETARY

3/22/96

(415) 361-3333

Date: (Signature) _____

CR2E034 (12/95)

47-96