


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P13281 (1) 1. Corporation Name RAYCHEM CORPORATION					



Principal Place of Business 300 CONSTITUTION DRIVE MENLO PARK CA 94025	Mailing Address 300 CONSTITUTION DRIVE MENLO PARK CA 94025-1140
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1987		3a. Date of Last Report 04/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 94-1369731		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T 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			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	P	<input type="checkbox"/> DELETE		1.1 TITLE	PRES. & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KASHNOW, RICHARD A			1.2 NAME	RICHARD A. KASHNOW		
STREET ADDRESS	300 CONSTITUTION DR.			1.3 STREET ADDRESS	300 CONSTITUTION DRIVE		
CITY-ST-ZIP	MENLO PARK CA 94025			1.4 CITY-ST-ZIP	MENLO PARK, CA 94025		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COOK, PAUL M			2.2 NAME	ISAAC STEIN		
STREET ADDRESS	300 CONSTITUTION DR.			2.3 STREET ADDRESS	300 CONSTITUTION DRIVE		
CITY-ST-ZIP	MENLO PARK CA 94025			2.4 CITY-ST-ZIP	MENLO PARK, CA 94025		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIM, RAYMOND J			3.2 NAME			
STREET ADDRESS	300 CONSTITUTION DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MENLO PARK CA			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, LARS			4.2 NAME			
STREET ADDRESS	300 CONSTITUTION DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MENLO PARK CA			4.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIZAS, ROBERT J			5.2 NAME	KAREN O. COTTLE		
STREET ADDRESS	300 CONSTITUTION DR.			5.3 STREET ADDRESS	300 CONSTITUTION DRIVE		
CITY-ST-ZIP	MENLO PARK CA 94025			5.4 CITY-ST-ZIP	MENLO PARK, CA 94025		
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDBERG, LISA			6.2 NAME			
STREET ADDRESS	300 CONSTITUTION DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MENLO PARK CA 94025			6.4 CITY-ST-ZIP			

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)