FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13587 (1)

1. Corporation Name
CYPRESS SEMICONDUCTOR CORPORATION

Principal Place of Business	Mailing Address
3901 NORTH FIRST STREET SAN JOSE CA 95134-1506	3901 NORTH FIRST STREET SAN JOSE CA 95134-1506

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1987
3a. Date of Last Report: 02/22/1994

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

4. FEI Number: 94-2885898 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RODGERS, T.J.	1.2 NAME	
STREET ADDRESS	623 EASTVIEW WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DOERR, L. JOHN Quit	2.2 NAME	
STREET ADDRESS	3901 FIRST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BIALEK, FRED	3.2 NAME	
STREET ADDRESS	3901 NORTH FIRST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, EMMANUEL	4.2 NAME	
STREET ADDRESS	3901 NORTH FIRST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BENHAMOU, ERIC	5.2 NAME	
STREET ADDRESS	5400 BAYFRONT PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, JOHN C.	6.2 NAME	
STREET ADDRESS	1250 E. ARQUES	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA	6.4 CITY-ST-ZIP	

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)(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 added by this amendment with an address.

SIGNATURE: _____ Emmanuel Hernandez 2/7/95 (408)943-2600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0400321 FP