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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:03

DOCUMENT # P15304 (9)

1. Corporation Name
INTEGRATED DEVICE TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
C/O CORPORATE SECRETARY 2975 STENDER WAY SANTA CLARA CA 95052-8015 US	C/O CORPORATE SECRETARY P.O. BOX 58015 SANTA CLARA CA 95052-8015

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 07/23/1987
3a. Date of Last Report: 02/22/1994
4. FEI Number: 94-2669985 ☐ 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
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 date of signature. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CAREY, D. JOHN	12 NAME	
STREET ADDRESS	15320 PEACH HILL ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	PERHAM, LEONARD C.	22 NAME	
STREET ADDRESS	15781 HIDDEN HILL ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	LOS GATOS CA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BERG, CARL E.	32 NAME	
STREET ADDRESS	10050 BANDLEY DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	MENACHE, JACK	42 NAME	
STREET ADDRESS	4073 EAGLE NEST LANE	43 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE CA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	SNYDER, WILLIAM	52 NAME	
STREET ADDRESS	16995 FRANK AVENUE	53 STREET ADDRESS	17321 Parkside Court
CITY-ST-ZIP	LOS GATOS CA	54 CITY-ST-ZIP	Monte Sereno, CA
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BOLGER, JOHN	62 NAME	
STREET ADDRESS	20061 CHATEAU DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	64 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 on an attachment with an asterisk.

SIGNATURE: _____ Jack Menache January 17, 1995 (408) 492-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402000 FP