

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15304** (9)
1. Corporation Name
INTEGRATED DEVICE TECHNOLOGY, INC.

Principal Place of Business C/O CORPORATE SECRETARY 2975 STENDER WAY SANTA CLARA CA 95052-8015 US	Mailing Address C/O CORPORATE SECRETARY P.O. BOX 58015 SANTA CLARA CA 95052-8015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/23/1987	
				4. FEI Number 94-2669985	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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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 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	D	<input type="checkbox"/> DELETE		1.1 TITLE	Vice President, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CAREY, D. JOHN			1.2 NAME	Brian C. Boisseree		
STREET ADDRESS	15320 PEACH HILL ROAD			1.3 STREET ADDRESS	651 Capistrano Way		
CITY-ST-ZIP	SARATOGA CA			1.4 CITY-ST-ZIP	San Mateo, CA 94402		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	Vice President, Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PERHAM, LEONARD C.			2.2 NAME	Alan Krock		
STREET ADDRESS	15781 HIDDEN HILL ROAD			2.3 STREET ADDRESS	802 Newport Circle		
CITY-ST-ZIP	LOS GATOS CA			2.4 CITY-ST-ZIP	Redwood City, CA 94206		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERG, CARL E.			3.2 NAME	Raymond J. Farnham		
STREET ADDRESS	10050 BANDLEY DRIVE			3.3 STREET ADDRESS	5 Odell Place		
CITY-ST-ZIP	CUPERTINO CA			3.4 CITY-ST-ZIP	Atherton, CA 94027		
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE	V.P. Mfg. & Memory Products <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MENACHE, JACK			4.2 NAME	Jerry Taylor		
STREET ADDRESS	4073 EAGLE NEST LANE			4.3 STREET ADDRESS	5580 Snowden Place		
CITY-ST-ZIP	DANVILLE CA			4.4 CITY-ST-ZIP	San Jose, CA 95138		
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SNYDER, WILLIAM			5.2 NAME			
STREET ADDRESS	17321 PARKSIDE COURT			5.3 STREET ADDRESS			
CITY-ST-ZIP	MONTE SERENO CA			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOLGER, JOHN			6.2 NAME			
STREET ADDRESS	20061 CHATEAU DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	SARATOGA CA			6.4 CITY-ST-ZIP			

14. 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 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:

 **REQUIRED**

CR2E034 (10/97)