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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P15304 1. Corporation Name

INTEGRATED DEVICE TECHNOLOGY, INC.

Principal Plac	e of Business	Ma	iling Address				- 1 (00)(140) (0)	15 001 3 010 0 11114 0	BIAN BUBN BABAN B	IBRI BIBRI DIBLI	EJEKI DIDIL KEDE .
			CORPORATE SECRE	CORPORATE SECRETARY							
			O. BOX 58015			DO NOT WRITE IN THIS SPACE					
SANTA CLARA CA 95052-8015 SANTA CLARA CA 95052-80 US			-8015			3. Date Incorporated or Qualified					
							07/23/1987	50 0, Quanto			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number			Ap	plied For
21		26					94-2669985			No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Sta	itus Desired		\$8.75	Additional
22		27					3. Certificate of Sta	iras Desirea	_	Fee Re	equired
City & Stat	te	_ 	City & State				6. Election Campa	-		\$5.00	
23 Zin	Country	28	7in	Cour			Trust Fund Con			Added	to Fees
Zip Country			Zip Country 29 30				8. This corporation		rent year Int	angible ∐HYes	□No
24	25 9. Name and Address of Currel	29 nt Registe	ered Agent	[30]		·	Personal Proper 10. Name and Add		Registered .		- 110
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	CORPORATION SYSTEM			L.	-	0	(0.0.0.1)				
	S. PINE ISLAND ROAD			[82	Street Addres	ss (P.O. Box Number	is Not Accept	able)		
PLA	NTATION FL 33324				83		12.413	L. B.E. Phil	\$14.50m	311.7423	
					84	C4.					
				1	04	City			FL	85 Zip 0	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations.	of Florida	 Such change was : 	authorized	by th	named corporation	ration submits this sta i's board of directors.	tement for the I hereby acce	purpose of pt the appoin	changing its ntment as re	registered gistered
17	minamiliai with, and accept the obliga	audits di,	0000071 007.0000, 11	Urida Statut	ies.						
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17	Signature, typed or printed name of registered age	ent and title if	applicable. (NOT	E: Registered A	igent s	signature required w	ADDITIONS/CHA	NGES TO OF		D DIRECTO	ORS IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SARATOGA CA

Jack Menache January 7, 1999 (408) 492-8444

Atherton, CA 94027

FILED

Feb 11, 1999 8:00am

Secretary of State

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