1. Entity Name INTEGRATED DEVICE TECHNOLOGY, INC.					Feb 28, 2000 8:00 am Secretary of State			
Principal Plac	e of Business	Mailing Address						
C/O CORPORATE SECRETARY		C/O CORPORATE SECRETARY						
2975 STENDER WAY SANTA CLARA CA 95052-8015		P.O. BOX 58015 SANTA CLARA CA 95052-8015			(1	กการอาร		
US				}		0025831		
2. Principal Place of Business		3. Mailing Address				eli 11. 11. 11. 11. 11. 11. 11. 11. 11. 11.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	,, 4 (8() (34)	
City & State		City & State		4.	FEI Number 94-2669985	├ ─ ├ ─	oplied For of Applicable	
Zip Country		Zip	Country	5	Certificate of Status Desired	\$8.75 Ada		
	6. Name and Address of Current Re	relatered Agent			Name and Address of New Registe	Fee Require	d	
· — .	o. Name and Address of Content Ac	gistered Agent	Name		Tame and Address of New Registe	neo Agent		
CT (CORPORATION SYSTEM		Street	Address (P.O. B	lox Number is Not Acceptable)			
	S. PINE ISLAND ROAD		ļ	<u>-</u>				
PLA	NTATION FL 33324		<u> </u>			- 7:01		
			City			FL Zip Code	e 	
8. The above	named entity submits this statement for the	ne purpose of changing its req	gistered office of	or registered ag	ent, or both, in the State of Florida.			
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agent signa	ature required when re	pinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!			FEE IS \$150	.00	10. Election Campaign Financing		0 May Be	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S			Trust Fund Contribution.		to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AC	DITIONS/CHANGES TO OFFICERS			
TITLE	D CAREY D JOHN	Delete ·	TITLE		ent, CEO & Director	☐ Change	Addition Addition	
NAME STREET ADDRESS	07 H.E.1, D. 007 H.		NAME STREET ADDRESS	Jerry G. Taylor 5580 Snòwdon Place				
CITY-ST-ZIP	SARATOGA CA		CITY-ST-ZIP		se, CA 95138			
TITLE	PD		TITLE		resident, CFO	☐ Change	X Addition	
NAME	PERHAM, LEONARD C.		NAME STREET ADDRESS		. Krock			
STREET ADDRESS CITY-ST-ZIP	10701 THE CENT THE TOP C		CITY-ST-ZIP	746 Newport Circle Redwood City, CA 94065				
TITLE	_D	□.Delete	. TITLE	Reamout	<u> </u>	☐ Change	^	
NAME OXDEST ADDRESOS	BERG, CARL E.		NAME	1				
STREET ADDRESS CITY-ST-ZIP	10050 BANDLEY DRIVE CUPERTINO CA	,	STREET ADDRESS CITY-ST-ZIP					
TITLE	VS	▼ Delete	TITLE	Vice Pr	resident, Secretary	☐ Change	Addition	
NAME	MENACHE, JACK		NAME		G. Fielder		21	
STREET ADDRESS	4073 EAGLE NEST LANE		STREET ADDRESS		l Ranch Court			
CITY-ST-ZIP	DANVILLE CA		CITY-ST-ZIP		non, CA 94583			
TITLE I	VPT	☐ Delete	NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS	BOISSEREE, BRIAN C 651 CAPISTRANO WAY		STREET ADDRESS					
CITY-ST-ZIP	SAN MATEO CA 94402		CITY-ST-ZIP	1				
TITLE	D	☐ Delete	TITLE	Directo	or	🔀 Change	Addition	
NAME	BOLGER, JOHN		NAME		Bolger			
STREET ADDRESS	20061 CHATEAU DRIVE		STREET ADDRESS	96 Suth	erland Drive			
SARATOGA CA 13. I hereby certify that the information supplied with this filing does not qualify for the			CITY-ST-ZIP	Atherto	on, CA 94027	or novels the state of	oform et a	
is. I nereby o	certify that the information supplied with th	is ming does not quality for th	e exemption st	have the seems	i rator(a)(i), Fiorida Statutes. I furtino	and the company of th	or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

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