



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90003 003 ***150.00

DOCUMENT # P15304 1. Entity 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	
2. Principal Place of Business 6024 Silver Creek Valley Rd. Suite, Apt. #, etc.		3. Mailing Address 6024 Silver Creek Valley Rd. Suite, Apt. #, etc.			
City & State San Jose, Ca		City & State San Jose, Ca		4. FEI Number 94-2669985	
Zip 95138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS LAUFMAN, JAMES L 2975 STENDER WAY SANTA CLARA, CA 95054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS LAUFMAN, JAMES L. 6024 Silver Creek Valley Rd. San Jose, Ca 95138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LANG, GREGORY S 2975 STENDER WAY SANTA CLARA, CA 95054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Lang, Gregory S. 6024 Silver Creek Valley Rd. San Jose, CA 95138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANNAPPAN, S. KENNETH 345 ENCINAL STREET SANTA CRUZ, CA 95060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF HOSEIN, CLYDE R 2975 STENDER WAY SANTA CLARA, CA 95054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF Hosein, Clyde R. 6024 Silver Creek Valley Rd. San Jose, Ca 95138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BOISSEREE, BRIAN C 651 CAPISTRANO WAY SAN MATEO, CA 94402	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Schofield 6024 Silver Creek Valley Rd. San Jose, Ca 95138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLGER, JOHN 96 SUTHERLAND DRIVE ATHERTON, CA 94027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  James L. Laufman July 12, 2005 408-284-2731 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					