

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90086 012 \*\*\*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**

**42003703**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-2669985**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **TAYLOR, JERRY G**  
STREET ADDRESS **5580 SNOWDON PLACE**  
CITY-ST-ZIP **SAN JOSE CA 95138**

TITLE **VP** ☒ Delete  
NAME **KROCK, ALAN F**  
STREET ADDRESS **746 NEWPORT CIRCLE**  
CITY-ST-ZIP **REDWOOD CITY CA 94065**

TITLE **D** ☐ Delete  
NAME **KANNAPPAN, S. KENNETH**  
STREET ADDRESS **345 ENCINAL STREET**  
CITY-ST-ZIP **SANTA CRUZ CA 95060**

TITLE **VPS** ☐ Delete  
NAME **FIEDLER, JERRY G**  
STREET ADDRESS **404 OLD RANCH COURT**  
CITY-ST-ZIP **SAN RAMON CA 94583**

TITLE **VPT** ☐ Delete  
NAME **BOISSEREE, BRIAN C**  
STREET ADDRESS **651 CAPISTRANO WAY**  
CITY-ST-ZIP **SAN MATEO CA 94402**

TITLE **D** ☐ Delete  
NAME **BOLGER, JOHN**  
STREET ADDRESS **96 SUTHERLAND DRIVE**  
CITY-ST-ZIP **ATHERTON CA 94027**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President & CEO** ☐ Change ☒ Addition  
NAME **Gregory S. Lang**  
STREET ADDRESS **2975 Stender Way**  
CITY-ST-ZIP **Santa Clara, CA 95054**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**SIGNATURE REQUIRED**

**Jerry G. Fielder**

**408-330-1479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)