## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 06, 2002 8:00 am Secretary of State

| TITLE   President/Director   Martha Lee   MARE   MARE   STREET ADDRESS   1251 Avenue of the Americas   STREET ADDRESS   New York, New York 10020   OTV-ST-ZP   OTTO-ST-ZP   OT   | DOCUMENT# PIT SGS  1. Entity Name  PHILIPS SEMICONDUCTORS, INC.  |                                      |                               |  |               | 05-06-2002 90184 013 ***150.00    |   |         |  |
|--|--|--------------------------------------|-------------------------------|--|---------------|-----------------------------------|---|---------|--|
| 1.09   McCay Drive   1251 Avenue of the Americas   Suina Agt. #c.   19th Floor   Do Not write in this space  |  |                                      |                               |  |               |                                   |   |         |  |
| Suite, Ast #, etc.    Suite, Ast #, etc.   Suite, Ast #, etc.   Suite, Ast #, etc.   Suite, Ast #, etc.   Coy # State   Suite, Ast #, etc.   Coy # State   Suite, Ast #, etc.   Coy # State   Country  | 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                                      |                               |  |               |                                   |   |         |  |
| 19th   Floor   19th       | Suite, Apt. #, etc. Suite. Apt. #, etc.  |                                      |                               | of the A                               | meric         |                                   |   |         |  |
| San Jose   |  | M/S 27 19th Floor                    |                               |  |               |                                   |   |         |  |
| DO NOT WRITE IN THIS SPACE    Second color   Second   |  |                                      |                               | ew York                                |               |                                   |   |         |  |
| DO NOT WRITE IN THIS SPACE    To see the composition of edigible to satisfy its historible (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After May 1, Fee is 355,00 May 18 Maching requirement and elects to do so. (See criteria on book)   After Maching requirement and elects to do so. (See criteria on book)   After Maching requirement and elects to do so. (See criter   | Zip<br>95131   | Country                              | Zip                           |  |               |                                   | \$8.7                                   |         |  |
| DO NOT WRITE IN THIS SPACE  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.  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.  SIGNATURE  Signature, typed or printed name of negistered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$150.00  Annew Added to Fees  Mate Cheek? Papels to Obpartment of State  Make Cheek? Papels to Obpartment of State  Trust Fund Contribution.  DATE  January 1 - May 1 Fee is \$150.00  Annew Added to Fees  Mate Cheek? Papels to Obpartment of State  Mate Cheek? Papels to Obpartment | 70101  |                                      | 110020                        |  |               |                                   |   |         |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution.  17. Trust Fund Contribution.  18. Added to Fees  18. OFFICERS AND DIRECTORS  19. OFFICERS AND   | DO NOT WRITE IN THIS SPACE  Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street   |                                      |                               |  |               |                                   |   |         |  |
| SIGNATURE   Signature, typed or printed name of registered agent and life if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE   | 8. The above   | e named entity submits this statemen | nt for the purpose of changin | g its registered office                | e or register | ed agent, or both, in the State   | of Florida                              | 2301    |  |
| 9. This corporation is eligible to satisfy its Intengible Tax filling requirement and elects to do so. After May 1, Fee is \$50.00 May 10. Election Campaign Financing Added to Fees Adde  | SIGNATURE  |                                      |                               |  |               |                                   |   |         |  |
| Tax filing requirement and elects to do so.  (Sec criteria on back)  Tax filing requirement and elects to do so.  (Sec criteria on back)  Tax filing requirement and elects to do so.  Make Check Payable to Department of State  Trust Fund Contribution.  Trust Fund Contribution.  10. Election Campaign Financing Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  11. OFFICIERS AND DIRECTORS  Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  12. Trust Fund Contribution.  13. Election Campaign Financing Trust Fund Contribution.  14. OFFICIERS AND DIRECTORS  Trust Fund Contribution.  15. OFFICIERS AND DIRECTORS  Trust Fund Contribution.  15. OFFICIERS AND DIRECTORS  Trust Fund Contribution.  16. Election Campaign Financing Trust Fund Contribution.  16. Election Campaign Financing Trust Fund Contribution.  16. Election Campaign Financing Trust Fund Contribution.  17. Struct Fund Contribution.  18. Election Campaign Financing Trust Fund Contribution.  19. Election Campaign Financing Trust Fund Contribution.  10. Election Campaign Financing Trust Fund Contri   | 0 This seem  |                                      |                               | <del></del>                            |               | nature required when reinstating) | D,                                      | ATE     |  |
| THE President/Director MARTHA Lee STREETADRESS GTV-ST-2P MARY YORK, New YORK 10020 MRE ROSS E. Anderson MRE ROSS E. Anderson MRE ROSS E. Anderson MRE Vice President MRE ROSET N. Smith MRE ROSE STREETADRESS MREY YORK, New YORK 10020 MRE BEINGA W. Chew MRE BEINGA W. Chew MRE STREETADRESS MREY YORK, New YORK 10020 MRE WYORK, New YORK 10020 MRE WATER T. Oates, Jr. MRE WATER T. Oates, Jr. MRE MARE MRE STREETADRESS MREY YORK, New YORK 10020 MRE WATER T. Oates, Jr. MRE MARE MRE MARE MRE MARE MRE MARE MRE MARE MRE MRE MARE MRE   | Tax filing i   | requirement and elects to do so.     | After May<br>Amende           | 1, Fee is \$550.00<br>d UBR is \$61.25 |               |                                   |   | • •     |  |
| STREET ADDRESS GTY-ST-2P Sunnyvale, Ca 9408-3409 THE Vice President NAME ROBERT N. Smith STREET ADDRESS GTY-ST-2P THE NAME STREET ADDRESS GTY-ST-2P New York, New York 10020 THE Director/Vice President THE NAME STREET ADDRESS GTY-ST-2P THE Director/Vice President THE NAME STREET ADDRESS GTY-ST-2P THE STREET ADDRESS GTY-ST-2P New York, New York 10020 THE STREET ADDRESS GTY-ST-2P New York, New York 10020 THE NAME STREET ADDRESS GTY-ST-2P NEW YORK NEW YORK 10020 THE NAME STREET ADDRESS GTY-ST-2P NAME STREET    | 11.  |                                      | DIRECTORS                     |  |               |                                   | ·                                       |         |  |
| STREET ADDRESS GTY-ST-2P Sunnyvale, Ca 9408-3409 THE Vice President NAME ROBERT N. Smith STREET ADDRESS GTY-ST-2P THE NAME STREET ADDRESS GTY-ST-2P New York, New York 10020 THE Director/Vice President THE NAME STREET ADDRESS GTY-ST-2P THE Director/Vice President THE NAME STREET ADDRESS GTY-ST-2P THE STREET ADDRESS GTY-ST-2P New York, New York 10020 THE STREET ADDRESS GTY-ST-2P New York, New York 10020 THE NAME STREET ADDRESS GTY-ST-2P NEW YORK NEW YORK 10020 THE NAME STREET ADDRESS GTY-ST-2P NAME STREET    | TITLE<br>NAME  |                                      | tor                           |  |               |                                   |   | 12/0    |  |
| STREET ADDRESS GTY-ST-2P Sunnyvale, Ca 9408-3409 THE Vice President NAME ROBERT N. Smith STREET ADDRESS GTY-ST-2P THE NAME STREET ADDRESS GTY-ST-2P New York, New York 10020 THE Director/Vice President THE NAME STREET ADDRESS GTY-ST-2P THE Director/Vice President THE NAME STREET ADDRESS GTY-ST-2P THE STREET ADDRESS GTY-ST-2P New York, New York 10020 THE STREET ADDRESS GTY-ST-2P New York, New York 10020 THE NAME STREET ADDRESS GTY-ST-2P NEW YORK NEW YORK 10020 THE NAME STREET ADDRESS GTY-ST-2P NAME STREET    | STREET ADDRESS   |                                      | the Americas                  |  |               |                                   |   | 44<br>) |  |
| STREET ADDRESS GTY-ST-2P Sunnyvale, Ca 9408-3409 THE Vice President NAME ROBERT N. Smith STREET ADDRESS GTY-ST-2P THE NAME STREET ADDRESS GTY-ST-2P New York, New York 10020 THE Director/Vice President THE NAME STREET ADDRESS GTY-ST-2P THE Director/Vice President THE NAME STREET ADDRESS GTY-ST-2P THE STREET ADDRESS GTY-ST-2P New York, New York 10020 THE STREET ADDRESS GTY-ST-2P New York, New York 10020 THE NAME STREET ADDRESS GTY-ST-2P NEW YORK NEW YORK 10020 THE NAME STREET ADDRESS GTY-ST-2P NAME STREET    | CITY - ST - ZIP  | New York, New Y                      | ork 10020                     | CITY - ST - ZIP                        |               |                                   | · .                                     |         |  |
| STREET ADDRESS GTY-ST-2P Sunnyvale, Ca 9408-3409 THE Vice President NAME ROBERT N. Smith STREET ADDRESS GTY-ST-2P THE NAME STREET ADDRESS GTY-ST-2P New York, New York 10020 THE Director/Vice President THE NAME STREET ADDRESS GTY-ST-2P THE Director/Vice President THE NAME STREET ADDRESS GTY-ST-2P THE STREET ADDRESS GTY-ST-2P New York, New York 10020 THE STREET ADDRESS GTY-ST-2P New York, New York 10020 THE NAME STREET ADDRESS GTY-ST-2P NEW YORK NEW YORK 10020 THE NAME STREET ADDRESS GTY-ST-2P NAME STREET    |  |                                      |                               |  |               |                                   |   | [8      |  |
| SITURE SURPLY ADDRESS OTTY-ST-ZIP SURPLY ADDRESS OTTY-ST-ZIP SURPLY ADDRESS OTTY-ST-ZIP New York, New York 10020  THE Director/Vice President Belinda W. Chew Belinda W. Chew STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  THE SCETTADRESS 1251 Avenue of the Americas STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  THE SCETCHARDS STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  THE SCETCHARDS STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  THE WAVE STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  THE WAVE STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  THE WAVE STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  THE WAVE STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  THE WAVE STREET ADDRESS OTTY-ST-ZIP New York The Wave STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  STREET ADDRESS OTTY-ST-ZIP New York The Wave STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  STREET ADDRESS OTTY-ST-ZIP New York The Wave STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  STREET ADDRESS OTTY-ST-ZIP New York The Wave STREET ADDRESS OTTY-ST-ZIP New York, New York 10020  STREET ADDRESS OTTY-ST-ZIP New York The Wave STREET ADDRESS OTTY-ST-ZIP NEW YORK T   |  |                                      |                               |  |               |                                   |   |         |  |
| Robert N. Smith  1251 Avenue of the Americas GIY-ST-ZP  New York, New York 10020  Director/Vice President WAME Belinda W. Chew  STREETADORESS GIY-ST-ZIP  New York, New York 10020  TILE STREETADORESS GIY-ST-ZIP  NEW York, New York 10020  TILE Secretary WAWE Warrent T. Oates, Jr. STREETADORESS GIY-ST-ZIP  TILE NAME STR   | CITY - ST - ZIP  | <u>Sunnvvale, Ca</u>                 | 9408-3409                     | 1                                      |               |                                   |   |         |  |
| STREET ADDRESS DTY-ST-ZIP New York, New York 10020 TITLE Director/Vice President Belinda W. Chew STREET ADDRESS DTY-ST-ZIP New York, New York 10020 TITLE NAME STREET ADDRESS DTY-ST-ZIP NEW York, New York 10020 TITLE SECRETATORESS DTY-ST-ZIP NEW York, New York 10020 TITLE STREET ADDRESS DTY-ST-ZIP NEW York, New York 10020 TITLE NAME STREET ADDRESS DTY-ST-ZIP NEW York, New York 10020 TITLE NAME STREET ADDRESS DTY-ST-ZIP STREET ADDRESS DTY-ST-ZIP STREET ADDRESS DTY-ST-ZIP TITLE NAME STREET ADDRESS DTY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS DTY-ST-ZIP NAME    | TITLE  |                                      |                               | TITLE                                  |               | ***                               | *************************************** |         |  |
| DONOTWRITE  Director/Vice President Belinda W. Chew STREETADORESS 1251 Avenue of the Americas Directary WARE WARE WARE WARE WARE WARE WARE WARE  | -  |                                      |                               |  |               |                                   |   |         |  |
| Director/Vice President Belinda W. Chew 1251 Avenue of the Americas STREET ADDRESS CITY-ST-ZIP New York, New York 10020 TITLE WAME WARE STREET ADDRESS CITY-ST-ZIP New York, New York 10020 TITLE WAME STREET ADDRESS CITY-ST-ZIP New York, New York 10020 TITLE WAME STREET ADDRESS CITY-ST-ZIP TITLE WAME STREET ADDRESS CITY-ST-ZIP TITLE WAME STREET ADDRESS CITY-ST-ZIP  3. 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 11 or on an attachment with an address, with all other like empowered.  Robert N. Smith 4/29/02 212-536-0784   | CITY - ST - ZIP  |                                      |                               |  |               | DO NOT V                          | VRITE                                   |         |  |
| SERETADORESS OTY-ST-ZIP  New York, New York 10020  TITLE SECRETADORESS OTY-ST-ZIP  WME Warrent T. Oates, Jr.  1251 Avenue of the Americas STREETADORESS OTY-ST-ZIP  New York, New York 10020  TITLE WME STREETADORESS OTY-ST-ZIP  TITLE WME STREETADORESS OTY-ST-ZIP  TITLE WME STREETADORESS OTY-ST-ZIP  TITLE WME STREETADORESS OTY-ST-ZIP  3. 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 11 or on an attachment with an address, with all other like empowered.  SIGNATURE:  Robert N. Smith 4/29/02 212-536-0784   | TITLE  | Director/Vice P                      | resident                      | TITLE                                  | <del></del>   | 2 PIHT IN                         | DACE                                    |         |  |
| New York, New York 10020  TITLE  Secretary  WAME  Warrent T. Oates, Jr.  STREET ADDRESS CITY-ST-ZIP  TITLE  WAME  STREET ADDRESS CITY-ST-ZIP  TITLE  WAME  STREET ADDRESS CITY-ST-ZIP  TITLE  WAME  STREET ADDRESS CITY-ST-ZIP  13. 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 11 or on an attachment with an address, with all other like empowered.  SIGNATURE:  Robert N. Smith 4/29/02 212-536-0784  | NAME<br>STREET APPOCES   |                                      |                               |  |               | 114 11113 3                       | FACE                                    |         |  |
| WAME WARRENT T. Oates, Jr. STREET ADDRESS CITY - ST - ZIP NEW YORK, New York 10020  TITLE WAME STREET ADDRESS CITY - ST - ZIP  TITLE WAME STREET ADDRESS C   | CITY - ST - ZIP  | 1201 Avenue of<br> New York, New V   | ork 10020                     | 1                                      |               |                                   |   | [       |  |
| Warrent T. Oates, Jr. 1251 Avenue of the Americas STREETADDRESS CITY-ST-ZIP  TITLE WME STREETADDRESS CITY-ST-ZIP  TITLE WME STREETADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.  SIGNATURE:  Robert N. Smith 4/29/02 212-536-0784  | TITLE  |                                      | OIK 10020                     |  |               |                                   |   |         |  |
| OTY - ST-ZIP New York, New York 10020  OTY - ST-ZIP  TITLE  NAME STREET ADDRESS CITY - ST - ZIP  13. 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 11 or on an attachment with an address, with all other like empowered.  SIGNATURE:  Robert N. Smith 4/29/02 212-536-0784   | NAME   | Warrent Ť. Oate                      | s, Jr.                        |  |               |                                   |   |         |  |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP  13. 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 11 or on an attachment with an address, with all other like empowered.  SIGNATURE:  Robert N. Smith 4/29/02 212-536-0784   | STREET ADDRESS   |                                      |                               | 1                                      |               |                                   |   |         |  |
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| 3. 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 11 or on an attachment with an address, with all other like empowered.  SIGNATURE:  Robert N. Smith 4/29/02 212-536-0784   | STREET ADDRESS   |                                      |                               |  |               |                                   |   |         |  |
| 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 on an attachment with an address, with all other like empowered.  SIGNATURE:  Robert N. Smith 4/29/02 212-536-0784   | CITY - ST - ZIP  | white, about the transmission        |                               |  |               | <del>-</del>                      | ·                                       |         |  |
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| SIGNATURE AND TYPED OR PRINTER MANUE OF COMMISSION OF COMI   |  |                                      |                               | •                                      | C             | 4/00/00                           | 010 -                                   | 26 272. |  |
|  | SIGNAL   |                                      |                               |  |               | 1 4/29/02<br>Date                 | 212-5 Daytime Phon                      |         |  |