


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P17565					
1. Entity Name PHILIPS SEMICONDUCTORS INC.					
Principal Place of Business 1109 MCKAY DR SAN JOSE CA 95131 US		Mailing Address 1251 AVENUE OF THE AMERICAS 19TH FLOOR. NEW YORK NY 10020 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 94-2597282 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
		10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GROENHERYSEN, WILHELMUS C.M.		NAME	00000361828	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS	05/05/05-80091-016 150.00	
CITY - ST - ZIP	NEW YORK NY 10020		CITY - ST - ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CLERK, MATHIEU		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY 10020-1104		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SMITH, ROBERT N		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY 10020		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	OATES, WARREN T JR		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY 10020		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CHEW, BELINDA W		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY 10020		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	PLAKKER, SIJZE W		NAME		
STREET ADDRESS	1251 AVE OF THE AMERICAS		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY 10020		CITY - ST - ZIP		



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *Robert N. Smith 4/28/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #