

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

5:11 PM 10/0

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P21002** (1)
1. Corporation Name
FAILURE ANALYSIS ASSOCIATES, INC.

Principal Place of Business Mailing Address
149 COMMONWEALTH DRIVE **149 COMMONWEALTH DRIVE**
P.O. BOX 3015 **P.O. BOX 3015**
MENLO PARK CA 94025 **MENLO PARK CA 94025**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/22/1988** 3a. Date of Last Report **08/24/1994**
4. FEI Number **94-1693776** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
B. This corporation has liability for intangible tax under C. 100.020, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
RAGAN, LARRY
1501 VENERA AVENUE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name **CT Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road,**
83
84 City **Plantation** FL 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Change of Registered Agent & required signature are on file with state of Florida DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KEITH, EDWARD J
STREET ADDRESS	1495 PADRE LANE
CITY, ST, ZIP	PEBBLE BCH CA
TITLE	DCEO
NAME	MCCARTHY, ROGER L.
STREET ADDRESS	149 COMMONWEALTH DRIVE
CITY, ST, ZIP	MENLO PK CA
TITLE	D
NAME	ARMACOST, SAMUEL H.
STREET ADDRESS	101 CALIFORNIA ST #1420
CITY, ST, ZIP	SAN FRANCISCO CA
TITLE	D
NAME	CROSS, ALEXANDER D.
STREET ADDRESS	1330 O'BRIEN DR.
CITY, ST, ZIP	MENLO PARK CA
TITLE	DP
NAME	GAULKE, MICHAEL R
STREET ADDRESS	149 COMMONWEALTH DR
CITY, ST, ZIP	MENLO PARK CA
TITLE	D
NAME	JOHNSON, ELMER W.
STREET ADDRESS	200 E. RANDOLPH
CITY, ST, ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual 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 1017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: **Michael R. Gaulke** *Michael R. Gaulke* **MAY 2, 1995** **+15 688-70 70**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Area #