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FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P21002 (1)

1. Corporation Name
FAILURE ANALYSIS ASSOCIATES, INC.

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

Mailing Address
149 COMMONWEALTH DRIVE
P.O. BOX 3015
MENLO PARK CA 94025-1133



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
09/22/1988

3a. Date of Last Report
05/01/1996

4. FEI Number

84-1693776

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RAGAN, LARRY
CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael R. Gaulke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL R. GAULKE 4/15/97 415 688-7070
Date Daytime Phone #

CR2E034 (9/96)