2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P21002 1. Entity Name FAILURE ANALYSIS ASSOCIATES, INC.						FILED May 04, 2000 8:00 am Secretary of State 05-04-2000 90183 008 ***150.00					
Principal Place of Business Mailing Address							03-04-2000	90185 008	150	.00	
149 COMMONWEALTH DRIVE P.O BOX 3015 MENLO PARK CA 94025 2. Principal Place of Business Suite, Apt. #, etc. City & State		149 COMMONWEALTH DRIVE P.O BOX 3015 MENLO PARK CA 94025-1133 3. Mailing Address Suite, Apt. #, etc. City & State									
						DO NOT WRITE IN THIS SPACE					
					4. F	4. FEI Number 94-1693776				Applied For Not Applicable	
Zip Country		Zip Co		puntry		5. Certificate of Status Desired Status Desired Status Desired Fee Required				itional	
	6. Name and Address of Current R	legistered Agent			7. N	lame and Ad	dress of New Re	egistered Age	nt		
CT C 1200	AN, LARRY- (Please delet CORPORATION SYSTEM S PINE ISLAND ROAD	te)				oration ox Number is Pine Is	System Not Acceptable) sland Roa	d .	· · · · · · · · · · · · · · · · · · ·		
PLAN	ITATION FL 33324		City P1a	ntati			FL	Zip Code 3332	24		
9. This corport	Signature, typed or printed name of registered agent ar ration is eligible to satisfy its Intangible equirement and elects to do so. (a on back)	FILE NOW	/!!! FEE 000 Fee	d Agent signature requi IS \$150.00 will be \$550.00 epartment of S)	10. Electio	n Campaign Fin		\$5.0 Added	0 May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO OFFI	CERS AND DI	RECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keith, Edward J 1495 Padre Lane Pebble Bch Ca	Delete						C] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO MCCARTHY, ROGER L. 149 COMMONWEALTH DRIVE MENLO PK CA	Delete				1		Γ.] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAULKE, MICHAEL R 149 COMMONWEALTH DR MENLO PARK CA	Delete -	NAM STRI	EF ADDRESS - ST-ZIP	ŗ			· ~ [] Change	Addition	
title Name Street address City-st-zip	S SCHLENKER, RICHARD L JR 149 COMMONWEALTH DRIVE MENLO PARK CA 94025	Delete		-				Ċ] Change	Addition	
title Name Street address City-st-zip		Delete						C] Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete						C] Change	Addition	
	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachmen with an address, w URE:		my signa t as requi	ture shall have th red by Chapter 6				atn; that I am appears in B			