## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT Aug 12 1997 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1997 DOCUMENT # P35626 (1)TELEDEX CORPORATION Principal Place of Business Mailing Address 6311 SAN IGNACIO AVE. 6311 SAN IGNACIO AVE. SAN JOSE CA 95119 SAN JOSE CA 95119 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified <u>09/24/1991</u> 07/09/1996 2. Principal Place of Business 26. Mailing Address FFI Number Applied For 21 26 77-0109993 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zip This corporation owes or has paid the current year Intangible Yes □ No 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KEEGAN, JOSEPH K 2900 4TH STREET, UNIT A-201A Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33703 83 84 City 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 agont and title if applicable (NOTE Registered Agent a gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1 1 1 TITLE TITLE Lesniak, ronald s. 1.2 NAME NAME 6311 SAN IGNACIO AVE 1.3 STREET ADDRESS STREET ADDRESS SAN JOSE CA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 THLE TITLE NAME BERG, CARL 2.2 NAME 6311 SAN IGNACIO AVE STREET ADDRESS 2.3 STREET ADDRESS SAN JOSE CA 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 THILE TITLE HILL, RICHARD F. 3.2 NAME NAME 6311 SAN IGNACIO AVE STREET ADDRESS 3.3 STREET ADDRESS SAN JOSE CA 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE KANE, FRANK NAME 4. 2 NAME 6311 SAN IGNACIO AVE STREET ADDRESS 4.3 STREET ADDRESS SAN JOSE CA CITY-ST-ZIP 4.4 CHTY+ST-ZIP Change Addition TITLE DELETE 5.1 TITLE KEEGAN, JOSEPH K. NAME 5.2 NAME 6311 SAN IGNACIO AVE 5.3 STREET ADDRESS STREET ADORESS SAN JOSE CA 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETÉ 6.1 TITLE TITLE KALIN, ALAN NAME 6.2 NAME **6311 SAN IGNACIO AVE** STREET ADDRESS 6.3 STREET ADDRESS SAN JOSE CA 64 CITY-ST-7IP 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.

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