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Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39566

(5)

1. Corporation Name

AG ASSOCIATES, INC.



Principal Place of Business

Mailing Address

4425 FORTTRAN DRIVE
SAN JOSE CA 95134

4425 FORTTRAN DRIVE
SAN JOSE CA 95134-2300

3. Date Incorporated or Qualified

07/09/1992

3a. Date of Last Report

09/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 the agent's title

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GAT, ARNON	
STREET ADDRESS	4425 FORTTRAN DRIVE	
CITY-ST-ZIP	SAN JOSE CA 95134	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GAT, ANITA	
STREET ADDRESS	4425 FORTTRAN DRIVE	
CITY-ST-ZIP	SAN JOSE CA 95134	

TITLE	PD00	<input type="checkbox"/> DELETE
NAME	GUARDADO, JULIO L	
STREET ADDRESS	4425 FORTTRAN DRIVE	
CITY-ST-ZIP	SAN JOSE CA 95134	

TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	MCCALLISTER, DUANE "MAC"	
STREET ADDRESS	4425 FORTTRAN DRIVE	
CITY-ST-ZIP	SAN JOSE CA 95134	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CFOTV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KIRK JOHNSON	
1.3 STREET ADDRESS	4425 FORTTRAN DRIVE	
1.4 CITY-ST-ZIP	SAN JOSE, CA 95134	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID DE VILLEZ	
2.3 STREET ADDRESS	4425 FORTTRAN DRIVE	
2.4 CITY-ST-ZIP	SAN JOSE, CA 95134	

3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RANDHIR THAKUR	
3.3 STREET ADDRESS	4425 FORTTRAN DRIVE	
3.4 CITY-ST-ZIP	SAN JOSE, CA 95134	

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:

[Signature]

KIRK JOHNSON

5/26/98

442 935-2000

CR2E034 (9/96)