## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P94000050584 (9)

TESSERA, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing A	Mailing Address			e ingeliede isa italia dente april april april april april africante and in attention and in the same	
25070 ASCOT			SCOT LAKE CT	••			
BONITA SPRIN	VGS FL 34134	BONITA	BONITA SPRINGS FL 34134			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						07/04/1994	
2. Principal Pi	lace of Business	2a. Maitin	g Address			4. FEI Number Applied For	
21		26	26			65-0504402 Not Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27	<b>♦ ♦ • • • • • • • • • • • • • • </b>			Fee Required	
City & State	8	City 8	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	<u> </u>			Trust Fund Contribution L Added to Fees	
Zip			Count	ry	8. This corporation owes or has paid the current year Intangible		
24	25 25 Name and Address of C	[29]	1	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
		urrent registered /	4gent		1 Name		
	JKER, SUSAN M	CODO AT.	- LAKE	1 -	2 Street		
	<del>00 KILMARNOCK D</del> R	130 10 1750	ASCOT LAKE CT			Street Address (P.O. Box Number is Not Acceptable)	
FF-F	M <del>yers fl 339</del> 12 B	OUTTO SPE	in springs, FL		83		
			34/34	1	٦		
				8	4 City	y FL 85 Zip Code	
11 Pureuent to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the phone-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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.		RS AND DIRECTORS		13.	Gent educto	ADDITIONS/CHANGES TO DESIGEDS AND DIRECTORS IN 12	
TITLE	D PRESIDENT		DELETE	1.1 TITU		VICE PRESIDENT Change Addition  CROCKER ELIZABETH HOLINES  KILBIRNIE DRIVE  FT MYERS, FL - 33512	
NAME	PAUKER, SUSAN M			1.2 NAM	E	CROCKER ELIZABETH HOLMES	
STREET ADDRESS			1.3 STRE	ET ADDRESS	SS KILBIRNIE DRIVE		
CITY-ST-ZIP			1.4 CITY	-ST-ZIP	FT MYERS, FL. 33912		
TITLE			DELETE	2.1 TITL		☐ Change ☐ Addition	
NAME				2.2 NAM	Ē		
STREET ADDRESS	ADDRESS		2.3 STREET AD		ET ADDRESS	ESS	
CITY-ST-ZIP			2. 4 CITY-		-ST-ZIP		
TITLE			DELETE	3.1 TITU		☐ Change ☐ Addition	
NAME				3.2 NAM	É		
STREET ADDRESS			3.3 STHEET ADDRESS		ET ADDRESS	iss	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		'- ST - ZIP		
TITLE			DELETE	4.1 TITL		☐ Change ☐ Addition	
NAME				4. 2 NAM	1E		
STREET ADDRESS				4.3 STRI	et address	:ss	
CITY-ST-ZIP				4.4 CITY	-ST-ZIP		
TITLE			DELETE	5.1 TITL		☐ Change ☐ Addition	
NAME				5.2 NAM	E		
STREET ADDRESS				5.3 STRI	et address	:SS	
CITY-ST-ZIP					-ST-ZIP		
TITLE			DELETE	6.1 TITL		☐ Change ☐ Addition	
NAME				6.2 NAM	E		
STREET ADDRESS				6.3 STAI	et address	:SS	
CITY+ST-ZIP				6.4 CiTY	-SY-ZIP		

14. Thereby 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 eath; 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.