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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001753 (8)

NETLIST, INC. Principal Place of Business 3233 COMMERCIAL WAY SPRING HILL FL 34606	Mailing Address 3233 COMMERCIAL WAY #206 SPRING HILL FL 34606-2694			
	US		3. Date Incorporated or Qualified	3a. Date of Last Report
			12/29/1995	05/01/1996
2, Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3241 Commercial Way	26 3241 Commerc	ial Way	59-3357573	Not Applicab
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Spring Hill, FL	City & State 28 Spring Hill,	1 21.	6. Election Campaign Financing	\$5.00 May Be
		Sountry	Trust Fund Contribution	
Zip Country	իդ ' , <u>ֈ</u> _ , _ —դ	zountry	8. This corporation has liability for	intangible tax under s. 199.032, Yes No
24 34606 25 9 Name and Address of Cu	29 34606 30		Fiorida Statutes L. 10. Name and Address of New Re	
	Tropped Agon	81 Name	10. // // // // // // // // // // // // //	Burnian vilani
VRASPIR, TODD W				
1 URBAN CENTRE, STE. 335		82 Street Add	fress (P.O. Box Number is Not Acceptat	ole)
4830 W. KENNEDY BLVD.		83		
TAMPA FL 33609				
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.				
office or registered agent, or both, in the Sagent Tami familiar with, and accept the o SIGNATURE Signature, 19343 or printed name of registers 12. OFFICERS	d agent and tile if applicable (NOTE Regist AND DIRECTORS 1	statutes. tered Agent signature requ 3.		DATE CERS AND DIRECTORS IN 12
TITLE D	DELETE 1.	1 TITLE		Change Addition
NAME LESTER, THOMAS R	1.	2 NAME		
STREET ADDRESS 5327 LYDIA CT.	1.	3 STREET ADDRESS		
CITY-SI ZIP SPRING HILL FL 34608	1.	4 City - St - ZiP		
tifut DP	DELETE 2.	1 TITLE		Change Addition
NAME KEIM, LAWRENCE J.	2.	2 NAME		
STREET ADDRESS 1513 OXMOOR CT	2.	3 STREET ADDRESS	•	
DITY-ST-ZIP VALRICO FL	2.	4 City-St-ZIP		
TIFLE V	DELETE 3.	1 TITLE		Change Addition
NAME PERUGINI, PAUL	3	2 NAME		
STREET ADDRESS 1189 LODGE CIRCLE	3	3 STREET ADDRESS		
CHY-ST-ZP SPRING HILL FL		4. CITY - ST - ZIP		
1:TLF	DELETE 4	1 TITLE		Change Addition
NAME	4.	2 NAME		
STREET ADDRESS] 4.	3 STREET ADDRESS		
CHY-ST-ZiP		4 CITY - ST - ZIP		
TITLE	DELETE 5.	1 TITLE		Change Addition
NAME	5	2 NAME		
STHEEL ACORESS	5.	3 STREET ADDRESS		
CITY-S1-ZIF	L I	4 CITY - ST - ZIP		
TITLE		1 TITLE		Change Additi
NAME	1 6.	2 NAME		
STREEL ADDRESS		3 STREET ADDRESS	•	
The state of the s	1.			

SIGNATURE:

14. I do hereby certify that the information indicated of I am an officer or direction. appears in Block 12 or

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 simular for an or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

May 07 1997 8:00am

Secretary of State

0443005