

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005518

**Entity Name:** QORVO CALIFORNIA, INC.**Current Principal Place of Business:**950 LAWRENCE DRIVE  
THOUSAND OAKS, CA 91320**Current Mailing Address:**950 LAWRENCE DRIVE  
THOUSAND OAKS, CA 91320 US**FEI Number:** 46-3270097**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR, PRESIDENT    |
| Name            | BUHALY, STEVEN J.      |
| Address         | 950 LAWRENCE DRIVE     |
| City-State-Zip: | THOUSAND OAKS CA 91320 |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR, TREASURER    |
| Name            | YOUNGDAHL, DAVID       |
| Address         | 950 LAWRENCE DRIVE     |
| City-State-Zip: | THOUSAND OAKS CA 91320 |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR, VP        |
| Name            | HOWLAND, JEFFREY C. |
| Address         | 7628 THORNDIKE ROAD |
| City-State-Zip: | GREENSBORO NC 27409 |

|                 |                        |
|-----------------|------------------------|
| Title           | ASST SECRETARY         |
| Name            | SMITH, PHILIP E.       |
| Address         | 950 LAWRENCE DRIVE     |
| City-State-Zip: | THOUSAND OAKS CA 91320 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP E. SMITH**ASSISTANT SECRETARY** 04/30/2020\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date