

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

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**Apr 30 1997 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 # P21002 (1)

1. Corporation Name
FAILURE ANALYSIS ASSOCIATES, INC.



Principal Place of Business 149 COMMONWEALTH DRIVE P.O BOX 3015 MENLO PARK CA 94025	Mailing Address 149 COMMONWEALTH DRIVE P.O BOX 3015 MENLO PARK CA 94025-1133
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/22/1988	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 94-1693776	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAGAN, LARRY CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, EDWARD J	1.2 NAME	
STREET ADDRESS	1495 PADRE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEBBLE BCH CA	1.4 CITY - ST - ZIP	
TITLE	DCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, ROGER L.	2.2 NAME	
STREET ADDRESS	149 COMMONWEALTH DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MENLO PK CA	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMACOST, SAMUEL H.	3.2 NAME	
STREET ADDRESS	101 CALIFORNIA ST #1420	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, ALEXANDER D.	4.2 NAME	
STREET ADDRESS	1330 O'BRIEN DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MENLO PARK CA	4.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAULKE, MICHAEL R	5.2 NAME	
STREET ADDRESS	149 COMMONWEALTH DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	MENLO PARK CA	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELMER W.	6.2 NAME	
STREET ADDRESS	200 E. RANDOLPH	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	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: Michael R. Gaulke **MICHAEL R. GAULKE** 4/15/97 415 688-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)