

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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country
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3. Date Incorporated or Qualified 09/22/1988	
4. FEI Number 94-1693776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RAGAN, LARRY -
 CT CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0002 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) _____ (Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	NAME KEITH, EDWARD J	DELETE <input type="checkbox"/>
STREET ADDRESS 1495 PADRE LANE	CITY-ST-ZIP PEBBLE BCH CA	
TITLE DCEO	NAME MCCARTHY, ROGER L.	DELETE <input type="checkbox"/>
STREET ADDRESS 149 COMMONWEALTH DRIVE	CITY-ST-ZIP MENLO PK CA	
TITLE DP	NAME GAULKE, MICHAEL R	DELETE <input type="checkbox"/>
STREET ADDRESS 149 COMMONWEALTH DR	CITY-ST-ZIP MENLO PARK CA	
TITLE	NAME	DELETE <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETE <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Richard L. Schlenker, Jr.
4.3 STREET ADDRESS	149 Commonwealth Drive
4.4 CITY-ST-ZIP	Menlo Park, CA 94025
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 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.

CR2E034 (10/97)