

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

1995 APR 26 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Moynihan  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 838029

1. Corporation Name  
AMDAHL CORPORATION

Principal Place of Business Mailing Address  
1250 E. ARQUES AVE., 14/S 124 1250 E. ARQUES AVE., 14/S 124  
SUNNYVALE, CA 94086-5401 SUNNYVALE, CA 94086-5401

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
03/16/77

4. FEI Number Applied For  
94-1728548 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 3324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS	
TITLE	C/O/T/O/D
NAME	JOHN C LEWIN
STREET ADDRESS	1250 E. ARQUES AVE
CITY-ST-ZIP	SUNNYVALE, CA 94086
TITLE	P/D
NAME	E. JOSEPH LENKE
STREET ADDRESS	1250 E ARQUES AVE
CITY-ST-ZIP	SUNNYVALE, CA 94086
TITLE	V/P
NAME	MICHAEL B. SHAHBAZIAN
STREET ADDRESS	1250 E. ARQUES AVE
CITY-ST-ZIP	SUNNYVALE, CA 94086
TITLE	S
NAME	BRUCE J. RYAN
STREET ADDRESS	1250 E. ARQUES AVE
CITY-ST-ZIP	SUNNYVALE, CA 94086
TITLE	D
NAME	KEIZO FUKAGAWA
STREET ADDRESS	1250 E. ARQUES AVE
CITY-ST-ZIP	SUNNYVALE, CA 94086
TITLE	D
NAME	E. F. HEIZER
STREET ADDRESS	1250 E. ARQUES AVE
CITY-ST-ZIP	SUNNYVALE, CA 94086

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	2EB
63 STREET ADDRESS	
64 CITY-ST-ZIP	4-26

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-04/27/95-01105-021  
\*\*\*\*200.00 \*\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 B. Shahbazian* 04-04-95 408-746-6000  
MICHAEL B. SHAHBAZIAN, VICE-PRESIDENT AND TREASURER