

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

FILED
Feb 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 # 838029 (7)

1. Corporation Name
AMDAHL CORPORATION



Principal Place of Business 1250 E. ARQUES AVE., M/S 124 SUNNYVALE CA 94086-5401	Mailing Address 1250 E. ARQUES AVE., M/S 124 SUNNYVALE CA 94086-5401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1977	
21	22	26	27	4. FEI Number 94-1728548	
Suite, Apt #, etc.		Suite, Apt #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	24	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	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	

g. Name and Address of Current Registered Agent 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
				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	CP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JOHN C		1.2 NAME	LEWIS, JOHN C	
STREET ADDRESS	1250 E ARQUES AVE		1.3 STREET ADDRESS	1250 EAST ARQUES AVENUE	
CITY-ST-ZIP	SUNNYVALE CA 94088-3470		1.4 CITY-ST-ZIP	SUNNYVALE, CA 94088-3470	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEPIN, LINDA T		2.2 NAME	DAVID B WRIGHT	
STREET ADDRESS	1250 EAST ARQUES AVENUE		2.3 STREET ADDRESS	1250 EAST ARQUES AVENUE	
CITY-ST-ZIP	SUNNYVALE CA 94088-3470		2.4 CITY-ST-ZIP	SUNNYVALE CA 94088-3470	
TITLE	CTVP	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DAVID		3.2 NAME		
STREET ADDRESS	1250 E. ARQUES AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNNYVALE CA 94088-3470		3.4 CITY-ST-ZIP		
TITLE	VPGM	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARABETTA, MICHAEL R		4.2 NAME	ERNEST THOMPSON	
STREET ADDRESS	1250 EAST ARQUES AVENUE		4.3 STREET ADDRESS	1250 EAST ARQUES AVENUE	
CITY-ST-ZIP	SUNNYVALE FL 94088-3470		4.4 CITY-ST-ZIP	SUNNYVALE CA 94088-3470	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, SIDNEY		5.2 NAME	MICHAEL HALLMAN	
STREET ADDRESS	9410 TOPANGA CANYON BLVD, #104		5.3 STREET ADDRESS	1250 EAST ARQUES AVENUE	
CITY-ST-ZIP	CHATSWORTH CA		5.4 CITY-ST-ZIP	SUNNYVALE CA 94088-3470	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALKIEL PH D, BURTON G		6.2 NAME	MICHAEL B SHAHGAZIAN	
STREET ADDRESS	PRINCETON UNIVERSITY-PROSPECT STREET		6.3 STREET ADDRESS	1250 EAST ARQUES AVENUE	
CITY-ST-ZIP	PRINCETON NJ		6.4 CITY-ST-ZIP	SUNNYVALE CA 94088-3470	

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.

SIGNATURE: *Michael B Shahgazian* 1/30/98

CR2E034 (10/97)