

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

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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90025 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838029

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

3. Date Incorporated or Qualified 03/16/1977	
4. FEI Number 94-1728548	Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. 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	85 Zip Code

FL

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	LEWIS, JOHN C	1.2 NAME	
STREET ADDRESS	1250 E ARQUES AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94088-3470	1.4 CITY-ST-ZIP	
TITLE	CP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DAVID B	2.2 NAME	
STREET ADDRESS	1250 E ARQUES AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94088-3470	2.4 CITY-ST-ZIP	
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 94086-3470	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ERNEST	4.2 NAME	
STREET ADDRESS	1250 EAST ARQUES AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SYNNYVALE FL 94086-3470	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLMAN, MICHAEL	5.2 NAME	
STREET ADDRESS	1250 E ARQUES AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94088-3470	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHBAZIAN, MICHAEL B	6.2 NAME	
STREET ADDRESS	1250 E ARQUES AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 34088-3470	6.4 CITY-ST-ZIP	

Michael B. Shahbazian

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 3-2-99 408-746-8964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)