

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90197 012 \*\*\*150.00

**DOCUMENT # 838029**

1. Entity 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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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **94-1728548**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, JOHN C</b> 1250 E ARQUES AVE SUNNYVALE CA 94088-3470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> <b>WRIGHT, DAVID B</b> 1250 E ARQUES AVE SUNNYVALE CA 94088-3470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTVP</b> <b>ANDERSON, DAVID</b> 1250 E. ARQUES AVE. SUNNYVALE CA 94086-3470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>THOMPSON, ERNEST</b> 1250 EAST ARQUES AVENUE SYNNYVALE FL 94086-3470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALLMAN, MICHAEL</b> 1250 E ARQUES AVE SUNNYVALE CA 94088-3470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAHGAZIAR, MICHAEL B</b> 1250 E ARQUES AVE SUNNYVALE CA 34088-3470	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN OF THE BOARD</b> <b>TAKASHI NARUYAMA</b> 1250 E. ARQUES AVE. SUNNYVALE CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>YASUSHI TAJIKI</b> 1250 E. ARQUES AVE. SUNNYVALE CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP &amp; GENERAL COUNSEL</b> <b>G. GREGORY HANDSCHUH</b> 1250 E. ARQUES AVE. SUNNYVALE CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, CFO, TREASURER</b> <b>JAMES A. WENDLING</b> 1250 E. ARQUES AVE. SUNNYVALE CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP &amp; CONTROLLER</b> <b>PAUL C. HORTON</b> 1250 E. ARQUES AVE. SUNNYVALE CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR VP</b> <b>MARGO HART</b> 1250 E. ARQUES AVE. SUNNYVALE CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. WENDLING      1/24/01      (408) 746-8069  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)