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FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 845399 (5)
 1. Corporation Name
TANDEM COMPUTERS INCORPORATED



Principal Place of Business 10435 N. TANTAU AVE. 19333 VALLCO PARKWAY CUPERTINO CA 95014	Mailing Address 10435 N. TANTAU AVE, LOC200-17 19333 VALLCO PARKWAY CUPERTINO CA 95014-2506
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/05/1980	3a. Date of Last Report 04/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 94-2266618	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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 **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

TITLE	P	<input type="checkbox"/> DELETE
NAME	PIEPER, ROEL	
STREET ADDRESS	19333 VALLCO PARKWAY	
CITY - ST - ZIP	CUPERTINO CA	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, ROBERT C.	
STREET ADDRESS	19333 VALLCO PARKWAY	
CITY - ST - ZIP	CUPERTINO CA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, JACK W.	
STREET ADDRESS	19333 VALLCO PARKWAY	
CITY - ST - ZIP	SAN JOSE CA	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, DONALD E.	
STREET ADDRESS	19333 VALLCO PARKWAY	
CITY - ST - ZIP	CUPERTINO CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PARRY, JOSEPHINE T	
STREET ADDRESS	19333 VALLCO PARKWAY	
CITY - ST - ZIP	CUPERTINO CA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, ANTHONY H JR	
STREET ADDRESS	19333 VALLCO PKWY	
CITY - ST - ZIP	CUPERTINO CA	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARBER, KENNETH R.
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DOGGETT, ERIC L.
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRIEDRICH, KURT L.
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STOECKER, GERD
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Josephine Parry* 3-26-97 408-285-4582
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)