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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002226 (7)

HITACHI DATA SYSTEMS CREDIT CORPORATION

Principal Place	e of Business	Mailing Address	Mailing Address				1 1001100 1110 1010 1011 9111 0011 9011 9011 9011 9011 9011 9011 9011					
750 CENTRAL (SANTA CLARA		750 CENTRAL EXPRESSWAY SANTA CLARA CA 95060-2627										
US		US				3. Date in 05/05	ncorporated or Qual	ified	1 '	ate of Last	•	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Nu			1 441		Applied For	
21		26			94-2837030 Not Applicable							
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.			6 Certific	cate of Status Desire	od.		\$8.75	Additional	
22		27	4			U, Certific	cate of Status Desire			Fee	Required	
City & State	e	City & State	·····			6. Election Campaign Financing \$5.00 May Be						
23 Zup				Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for Intangible tax under s. 199.032,					
—ı ´	25	29 Z.ip	30					ty for in		e tax under □ No	s. 199.032,	
24	9. Name and Address of Curre	<u> </u>	[30]				Statutes and Address of Ne				******	
C Y			8	1	Name	10. 114.115	una radios of ri	110	J. 5101 00 .	- Agein		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD												
	NTATION FL 33324		B	82 Street Address (P.O. Box Number is Not A				eptab	le)			
FLA	MINION PL 30324		8	3								
				1								
			8	4	City				FL	85 Zip	p Code	
11. Pursuant	to the provisions of Sections 607.05	i02 and 607,1508. Florida Statut	es, the abo	L.	-named cor	rporation submi	its this statement for	the p			its registered	
office or n	to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the obli	te of Florida. Such change was a	authorized I	by	the corpora	ation's board of	directors. I hereby	accep	t the app	ointment a	as registered	
	or swimm with and accept the con	gations of, dection bor. 0000, 1 %	JIIGA GIAIGI	о.	,							
SIGNATURE	Signature typed or printed name of registered a	gent and little if applicable (NOT	E Registered A	gen	nt signature requ	uited when reinstating)		DATE	******************		
12.	OFFICERS AND DIRECTORS		13.			ADDITIO	ONS/CHANGES TO	OFFIC	ERS AND	D DIRECTO	ORS IN 12	
THLE	P	☐ DELETE	1 1 TITLE							X Change	B Addition	
NAME	DEBORAH, PINKSTON		1.2 NAM	E	ļ							
STREET ADDRESS	750 CENRAL EXPRESSWAY		1.3 STRE	ET A	ADDRESS 7	50 CENTR	AL EXPRESS	WAY				
CHTY - ST - ZIP	SANTA CLARA CA	······································	1.4 CITY	-sr	-ZIP S/	ANTA CLAI	RA CA 950	50				
TITLE	D	☐ DELETE	2.1 THLE							Change	Addition	
N7ME]	OKADA, TAKAAKI		2.2 NAM	E	İ							
STHEET ADDRESS	750 CENTRAL EXPRESSWAY				ADDRESS	ANTA OLA:						
Cily-St-ZiP	SANTA CLARA CA	- priete	2. 4 CITY	_			RA, CA .950	150				
TITLE	TD	X DETELE	3.1 TITLE			REASURER				L Change	Addition	
NAME	ROBERSON, DAVID E		3.2 NAM			COTT HAW						
STREET ADORESS	750 CENTRAL EXPRESSWAY						AL EXPRESSM					
CITY-\$1-7IP TITLE	SANTA CLARA CA V	[X] DELETE	3.4. CITY 4.1 TITLE				RA, CA 95 0	50		Change	Addition	
NAME	MARMNNEY, ROGER R	CK precit			1	IRECTOR				FILL PLIKE IĞE	Nuoraon	
STREET ADDRESS	750 CENTRAL EXPRESSWAY		4. 2 NAV			AVID E. I						
	SANTA CLARA CA 95056-099	VR			ADDRESS 7	50 CENTR	AL EXPRESSI	YAY				
CITY-SI-ZIP TIDE	V	DELETE	4.4 CITY- 5.1 TITLE		Si	ANTA-CLA	RA, CA 95 0)50		Change	e Addition	
NAME	LOWERY, ALVIN	band	5.2 NAMI							Man Sireniffo	- Photosoff	
STREET ADDRESS	750 CENTRAL EXPRESSWAY				ADDRESS							
C(TY-S1-2IP	SANTA CLARA CA		5.4 CITY			SANTA CLA	ARA, CA 95	050				
THE	\$	X DELETE	6.1 TITLE			ECRETARY	······································		,;	Change	Addition	
NAME	HAGEWOOD, KAREN A		6.2 NAMI						•	• • •		
STREET ADORESS	750 CENTRAL EXPRESSWAY		6.3 STRE		ADDRESS 7	REGORY C	OPLANS IAL EXPRESS	แดง				
CitY-St-2iP	SANTA CLARA CA 95056-099	16	6.4 CITY			SO CENTR	IRAL CAPRESS	ሰናስ ስናስ				
14. Loo hereb	by certify that the information supplied	ed with this filing does not qualit	v for the ex	(en	notion state	ed in Section 11	9 07(3)(i) Florida S	latutes	Lighte	r certify the	at the	
l am an of	in indicated on this annual report or flicer or director of the corporation of	or the receiver or <u>Irustee empo</u> w	ered to exe	cur ocu	ate and tha ute this repo	at my signature ort as required l	snall have the same by Chapter 607, Flo	e lega! rida Si	enect as latutes: a	s if made u and that my	inder oath; that / name	
appears ii	n Block 12 or Block 13 it changed	or on an attachmen with an add	iress.			•			•	,		

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH PINKSTON

04/15/97

FILED

May 07 1997 8:00am

Secretary of State

(408) 970-4438

Daytime Phone #

CDOEDOA (OX