

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000002780 (3)**

1. Corporation Name  
**AMPEX CORPORATION**



Principal Place of Business  
**401 BROADWAY  
REDWOOD CITY CA 94063-3189**

Mailing Address  
**401 BROADWAY  
REDWOOD CITY CA 94063-3126**

3. Date Incorporated or Qualified **06/08/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 **500 BROADWAY**

2a. Mailing Address  
26 **500 BROADWAY**

4. FEI Number **13-3667696** Applied For  Not Applicable

22 Suite, Apt. #, etc. **MS 5-103**

27 Suite, Apt. #, etc. **ms 5-103**

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

23 City & State **Redwood City CA**

28 City & State **Redwood City CA**

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

24 Zip **94063 3199** 25 Country **USA**

29 Zip **94063 3199** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRAMSON, EDWARD	
STREET ADDRESS	65 EAST 55TH STREET, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ATCHISON, ROBERT L	
STREET ADDRESS	401 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	TALCOTT, JOEL D	
STREET ADDRESS	401 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HARPER, ROBERT W	
STREET ADDRESS	401 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	VENEMA, RAMON	
STREET ADDRESS	401 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063-3199	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKIBBEN, CRAIG L	
STREET ADDRESS	65 EAST 55TH STREET, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 \_\_\_\_\_ DATE **4/30/97**

CR2E034 (9/96)