

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P32109 (1)

1. Corporation Name
AMPEX DATA SYSTEMS CORPORATION



Principal Place of Business: 401 BROADWAY MS 1-13 REDWOOD CITY CA 94063
Mailing Address: 401 BROADWAY MS 1-13 REDWOOD CITY CA 94063

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/11/1990		05/01/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FET Number		Applied For	
23 City & State		28 City & State		94-3112575		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		<input type="checkbox"/>		5.00 May Be Added to Fees	
26		31		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
27		32		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				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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: _____ Signature: Typed or printed name of registered agent or officer, if applicable. _____ Date: _____ Signature: Typed or printed name of registered agent, if applicable. _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHISON, ROBERT L	1.2 NAME	
STREET ADDRESS	401 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMSON, EDWARD J	2.2 NAME	
STREET ADDRESS	401 BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALCOTT, JOEL D	3.2 NAME	
STREET ADDRESS	401 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CA	3.4 CITY-ST-ZIP	
TITLE	VPTC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, ROBERT W	4.2 NAME	
STREET ADDRESS	401 BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLODGETT, LESTER W	5.2 NAME	
STREET ADDRESS	401 BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKIBBEN, CRAIG L	6.2 NAME	
STREET ADDRESS	401 BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.003(1), Florida Statutes, and 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: Robert W. Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Harper

5/1/96
Date

Daytime Phone #

CR2E034 (12/95)