

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32109 (1)

1. Corporation Name
AMPEX DATA SYSTEMS CORPORATION



Principal Place of Business 500 BROADWAY MS F-103 REDWOOD CITY CA 94063 US	Mailing Address 500 BROADWAY MS 5-103 REDWOOD CITY CA 94063 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 500 BROADWAY Suite, Apt. #, etc. 22 MS 5-103 City & State 23 REDWOOD CITY CA Zip Country 24 94063 3199 25 USA	2a. Mailing Address 26 500 BROADWAY Suite, Apt. #, etc. 27 MS 5-103 City & State 28 REDWOOD CITY CA Zip Country 29 94063 30 USA	3. Date Incorporated or Qualified 12/11/1990	4. FEI Number 94-3112575	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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
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11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ATCHISON, ROBERT L <input type="checkbox"/> DELETE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ATCHISON, ROBERT L
NAME	401 BROADWAY	1.2 NAME	500 BROADWAY
STREET ADDRESS	REDWOOD CITY CA	1.3 STREET ADDRESS	REDWOOD CITY, CA 94063
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	BRAMSON, EDWARD J <input type="checkbox"/> DELETE	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	BRAMSON, EDWARD J
NAME	401 BROADWAY	2.2 NAME	500 BROADWAY
STREET ADDRESS	REDWOOD CITY CA	2.3 STREET ADDRESS	REDWOOD CITY, CA 94063 3199
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VPS	TALCOTT, JOEL D <input type="checkbox"/> DELETE	3.1 TITLE VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TALCOTT, JOEL D
NAME	401 BROADWAY	3.2 NAME	500 BROADWAY
STREET ADDRESS	REDWOOD CA	3.3 STREET ADDRESS	REDWOOD CITY, CA 94063 3199
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VPTC	HARPER, ROBERT W <input type="checkbox"/> DELETE	4.1 TITLE VPTC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HARPER, ROBERT W
NAME	401 BROADWAY	4.2 NAME	500 BROADWAY
STREET ADDRESS	REDWOOD CITY CA	4.3 STREET ADDRESS	REDWOOD CITY, CA 94063 3199
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE VP	MCKIBBEN, CRAIG L <input type="checkbox"/> DELETE	5.1 TITLE vp <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Mckibben, Craig L
NAME	401 BROADWAY	5.2 NAME	500 BROADWAY
STREET ADDRESS	REDWOOD CITY CA	5.3 STREET ADDRESS	REDWOOD CITY, CA 94063 3199
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DYKE, CHARLES W.
NAME		6.2 NAME	500 BROADWAY
STREET ADDRESS		6.3 STREET ADDRESS	REDWOOD CITY, CA 94063 3199
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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* 4/15/98

CR2E034 (10/97)