

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90141 006 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P32109

1. Corporation Name
AMPEX DATA SYSTEMS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
500 BROADWAY
MS 5-103
REDWOOD CITY CA 94063
US

Mailing Address
500 BROADWAY
M/S 4101
REDWOOD CITY CA 94063
US

3. Date Incorporated or Qualified
12/11/1990

4. FEI Number
94-3112575

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ATCHISON, ROBERT L	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAMSON, EDWARD J	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	TALCOTT, JOEL D	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CA 94063	
TITLE	VPTC	<input type="checkbox"/> DELETE
NAME	HARPER, ROBERT W	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCKIBBEN, CRAIG L	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYKE, CHARLES W	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063	

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 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, with all other like empowered.

SIGNATURE: **Robert M. Harper** **REQUIRED**

5/13/99 (650) 367-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)