

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39401** (5)

1. Corporation Name
AMPEX SYSTEMS CORPORATION

Principal Place of Business: **401 BROADWAY REDWOOD CITY CA 94063-3199**
Mailing Address: **401 BROADWAY REDWOOD CITY CA 94063-3199**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date incorporated or Qualified:	3b. Date of Last Report:
21		26		06/22/1992	08/09/1994
22 State Apt. # etc.		27 State Apt. # etc.		4. FEI Number:	Applied For
23 City & State		28 City & State		94-3159740	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 County		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD., PLANTATION FL 33324				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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 607.0502, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C BRAMSON, EDWARD J. 401 BROADWAY REDWOOD CITY CA	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V ATCHISON, ROBERT L. 401 BROADWAY REDWOOD CITY CA	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VS TALCOTT, JOEL D. 301 BROADWAY REDWOOD CITY CA	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	S ESH, NANCY J. 401 BROADWAY REDWOOD CITY CA	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V HARPER, ROBERT W. 401 BROADWAY REDWOOD CITY CA	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V JACQUET, RICHARD J. 401 BROADWAY REDWOOD CITY CA	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is a true and correct copy of the information as shown on the original report or supplemental annual report as filed and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or a director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 127, Florida Statutes, and that my name appears on Block 12 or Block 13 of changed or on an office form with an address.

SIGNATURE: *R. W. Harper* ROBERT W. HARPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (415) 367-2011