


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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 844786 (4)**  
1. Corporation Name  
**HITACHI DATA SYSTEMS CORPORATION**

Principal Place of Business <b>750 CENTRAL EXPRESSWAY P O BOX 54996 SANTA CLARA CA 95050-2627</b>	Mailing Address <b>750 CENTRAL EXPRESSWAY P O BOX 54996 SANTA CLARA CA 95050-2627</b>
--	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/07/1979</b>		3a. Date of Last Report <b>05/01/1996</b>	
21		26		4. FEI Number <b>94-2603663</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPT	<input type="checkbox"/> DELETE		1.1 TITLE	SR. VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERSON, DAVID E.			1.2 NAME			
STREET ADDRESS	13681 OLD TREE WAY			1.3 STREET ADDRESS			
CITY - ST - ZIP	SARATOGA CA			1.4 CITY - ST - ZIP	SARATOGA, CA 95070		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAMAKA, TSUNEO			2.2 NAME	KAICHI MURATA		
STREET ADDRESS	2-20-4-503 MEGUROHON-CHO			2.3 STREET ADDRESS	17-3 HIGASHI-CHO, SENGENDAI		
CITY - ST - ZIP	MEGURO-KU TO			2.4 CITY - ST - ZIP	KOSHIGAYA-SHI, 343 JAPAN		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENDO, MAKOTO			3.2 NAME			
STREET ADDRESS	20350 STEVENS CREEK BLVD. #408			3.3 STREET ADDRESS			
CITY - ST - ZIP	CUPERTINO CA			3.4 CITY - ST - ZIP	CUPERTINO, CA 95014		
TITLE	EVPS	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANSEN, FREDERICK W.			4.2 NAME			
STREET ADDRESS	641 MANRESA LANE			4.3 STREET ADDRESS			
CITY - ST - ZIP	LOS ALTOS HILLS CA			4.4 CITY - ST - ZIP	LOS ALTOS HILLS, CA 94022		
TITLE	EVPC	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAKAOKI, OKADA			5.2 NAME	OKADA, TAKAOKI		
STREET ADDRESS	1945 LAVER COURT			5.3 STREET ADDRESS			
CITY - ST - ZIP	LOS ALTOS CA			5.4 CITY - ST - ZIP	LOS ALTOS, CA 94024		
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STAEDKE, JOHN D.			6.2 NAME	STEVEN WEST		
STREET ADDRESS	220 MENRESA LANE			6.3 STREET ADDRESS	220 MANRESA LANE		
CITY - ST - ZIP	LOS ALTOS CA			6.4 CITY - ST - ZIP	LOS ALTOS, CA 94022		

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:** ~~SIGNATURE REQUIRED~~ **DAVID. E ROBERSON** 04/15/97 (408) 970-4438  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)