

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 844786**

1. Entity Name

HITACHI DATA SYSTEMS CORPORATION**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90029 043 ***150.00

Principal Place of Business

**750 CENTRAL EXPRESSWAY
P O BOX 54996
SANTA CLARA CA 95056-0996**

Mailing Address

**750 CENTRAL EXPRESSWAY
P O BOX 54996
SANTA CLARA CA 95056-0996**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **94-2603663**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PRENTISS, MARSHA	
STREET ADDRESS	40425 CHAPEL WAY UNIT #103	
CITY-ST-ZIP	FREMONT CA 94538	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURATA, KAICHI	
STREET ADDRESS	17-3 HIGASHI-CHO, SENGENDAI	
CITY-ST-ZIP	KOSHIGAYA SHI JA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOSHIMIZU, YOSHIHIRO	
STREET ADDRESS	700 SAN MATEO DRIVE	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	SHORT, ALASTAIR A	
STREET ADDRESS	26000 RANCHO MANUELLA LANE	
CITY-ST-ZIP	LOS ALTOS HILLS CA 94022	
TITLE	EVPC	<input type="checkbox"/> Delete
NAME	ROBERSON, DAVID E	
STREET ADDRESS	13681 OLD TREE WAY	
CITY-ST-ZIP	SARATOGA CA 95070	
TITLE	MDCE	<input checked="" type="checkbox"/> Delete
NAME	KOSHIMIZU, YOSHIHIRO	
STREET ADDRESS	700 SAN MATEO DRIVE	
CITY-ST-ZIP	MENLO PARK CA 94025	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORDY HENDERSON	
STREET ADDRESS	20383 KENT WAY	
CITY-ST-ZIP	LOS GATOS CA 95033	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAKAO KATO	
STREET ADDRESS	2-33-5 OYAMADAI, SAKAE-KU, YOKOHAMASHI	
CITY-ST-ZIP	KANAGAWA-KEN, JAPAN	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAO ONO	
STREET ADDRESS	4-23-7 KAMIASOU, ASOU-KU, KAWASAKI-SHI	
CITY-ST-ZIP	KANAGAWA-KEN, JAPAN	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY M. COPLANS	
STREET ADDRESS	1003 HORIZON COURT	
CITY-ST-ZIP	DANVILLE, CA 94526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT & C.E.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. JUN NARUSE	
STREET ADDRESS	20552 VERDE COURT	
CITY-ST-ZIP	SARATOGA, CA 95070	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.V.P. & C.F.O.**04/23/01**

Date

(408) 970-1020

Daytime Phone #

CR2E034 (10/00)