

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90025 038 \*\*\*150.00

DOCUMENT # 838029

1. Corporation Name  
AMDAHL CORPORATION

Principal Place of Business  
1250 E. ARQUES AVE., M/S 124  
SUNNYVALE CA 94086-5401

Mailing Address  
1250 E. ARQUES AVE., M/S 124  
SUNNYVALE CA 94086-5401



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/16/1977

4. FEI Number  
94-1728548

Applied For  
Not Applicable

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

6. Election Campaign Financing ☐ \$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE D  
NAME LEWIS, JOHN C  
STREET ADDRESS 1250 E ARQUES AVE  
CITY-ST-ZIP SUNNYVALE CA 94088-3470

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CP  
NAME WRIGHT, DAVID B  
STREET ADDRESS 1250 E ARQUES AVE  
CITY-ST-ZIP SUNNYVALE CA 94088-3470

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CTVP  
NAME ANDERSON, DAVID  
STREET ADDRESS 1250 E. ARQUES AVE.  
CITY-ST-ZIP SUNNYVALE CA 94086-3470

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP  
NAME THOMPSON, ERNEST  
STREET ADDRESS 1250 EAST ARQUES AVENUE  
CITY-ST-ZIP SYNNYVALE FL 94086-3470

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME HALLMAN, MICHAEL  
STREET ADDRESS 1250 E ARQUES AVE  
CITY-ST-ZIP SUNNYVALE CA 94088-3470

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME SHAHBAZIAN MICHAEL B  
STREET ADDRESS 1250 E ARQUES AVE  
CITY-ST-ZIP SUNNYVALE CA 34088-3470

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

*Michael B. Shahbazian*

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:

SIGNATURE REQUIRED

3-21-99

408-746-8964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael B. Shahbazian Treasurer

CR2E034 (11/98)

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