

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90197 012 ***150.00

DOCUMENT # 838029

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-1728548**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JOHN C 1250 E ARQUES AVE SUNNYVALE CA 94088-3470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WRIGHT, DAVID B 1250 E ARQUES AVE SUNNYVALE CA 94088-3470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTVP ANDERSON, DAVID 1250 E. ARQUES AVE. SUNNYVALE CA 94086-3470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, ERNEST 1250 EAST ARQUES AVENUE SYNNYVALE FL 94086-3470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLMAN, MICHAEL 1250 E ARQUES AVE SUNNYVALE CA 94088-3470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAHGAZIAR, MICHAEL B 1250 E ARQUES AVE SUNNYVALE CA 34088-3470	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN OF THE BOARD TAKASHI MARUYAMA 1250 E. ARQUES AVE. SUNNYVALE, CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO YASUSHI TAJIKI 1250 E. ARQUES AVE. SUNNYVALE, CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & GENERAL COUNSEL G. GREGORY HANDSCHUH 1250 E. ARQUES AVE. SUNNYVALE, CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, CFO, TREASURER JAMES A. WENDLING 1250 E. ARQUES AVE. SUNNYVALE, CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & CONTROLLER PAUL C. HORTON 1250 E. ARQUES AVE. SUNNYVALE, CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VP MARGO HART 1250 E. ARQUES AVE. SUNNYVALE, CA 94088-3470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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:

JAMES A. WENDLING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/01

Daytime Phone #

(408) 746-8069

CR2E034 (10/00)