

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90186 029 ***150.00

DOCUMENT # 844786

1. Entity Name

HITACHI DATA SYSTEMS CORPORATION



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	HENDERSON, GEORDY	
STREET ADDRESS	20383 KENT WAY	
CITY-ST-ZIP	LOS GATOS CA 95033	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAKANISHI, HIROAKI	
STREET ADDRESS	1-6-13 YOSHIMOTO-CHO, KOUHOKU-KU	
CITY-ST-ZIP	KANAGAWA, JAPAN 223-0-62	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATSUO, SHOGO	
STREET ADDRESS	3-4-3 MATSUMADAI MORIYASHI	
CITY-ST-ZIP	IBARAKI, JAPAN	
TITLE	S	<input type="checkbox"/> Delete
NAME	COPLANS, GREGORY M	
STREET ADDRESS	1003 HORIZON COURT	
CITY-ST-ZIP	DANVILLE CA 94526	
TITLE	COOP	<input checked="" type="checkbox"/> Delete
NAME	ROBERSON, DAVID E	
STREET ADDRESS	13681 OLD TREE WAY	
CITY-ST-ZIP	SARATOGA CA 95070	
TITLE	CEO & PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	IWATA, SHINJIRO	
STREET ADDRESS	1824 OAK CREEK DRIVE #301	
CITY-ST-ZIP	PALO ALTO CA 94304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHIEF OPERATING OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINORU KOSUGE	
STREET ADDRESS	19500 PRUNERIDGE AVE	
CITY-ST-ZIP	CUPERTINO, CA 95014	
TITLE	CEO & PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID E. ROBERSON	
STREET ADDRESS	13681 OLD TREE WAY	
CITY-ST-ZIP	SARATOGA, CA 95070	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David E. Roberson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.F.O.

04/12/06 (408) 970-1020

Date

Daytime Phone #