


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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 845399 (5)

1. Corporation Name
TANDEM COMPUTERS INCORPORATED

Principal Place of Business 10435 N. TANTAU AVE CUPERTINO CA 95014 US	Mailing Address 10435 N. TANTUA AVE Loc 200-17 CUPERTINO CA 95014 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1980	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 94-2266618	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIEPER, ROEL PESATORI, ENRICO			1.2 NAME			
STREET ADDRESS	1933 VALCO PARKWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	CUPERTINO CA			1.4 CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARBER, KENNETH R			2.2 NAME			
STREET ADDRESS	1933 VALCO PARKWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	CUPERTINO CA			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOGGETT, ERIC L			3.2 NAME	SVP		
STREET ADDRESS	1933 VALCO PARKWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	SAN JOSE CA			3.4 CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIEDRICH, KURT L			4.2 NAME	HEIL, WILLIAM W.		
STREET ADDRESS	1933 VALCO PARKWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	CUPERTINO CA			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARRY, JOSEPHINE T			5.2 NAME			
STREET ADDRESS	1933 VALCO PARKWAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	CUPERTINO CA			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOECKER, GREG			6.2 NAME	SVP NIST, PAULINE A		
STREET ADDRESS	1933 VALCO PKWY			6.3 STREET ADDRESS			
CITY-ST-ZIP	CUPERTINO CA			6.4 CITY-ST-ZIP			

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.

SIGNATURE:

 JOSEPHINE PARRY

3/23/98 1041285-4582

CR2E034 (10/97)