

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 15, 1999 8:00 am
Secretary of State

04-15-1999 90151 033 ***150.00

DOCUMENT # 852880

1. Corporation Name

STRATUS COMPUTER, INC.

Principal Place of Business

55 FAIRBANKS BLVD
MARLBORO MA 01752

Mailing Address

55 FAIRBANKS BLVD
MARLBORO MA 01752

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1701 HARBOR BAY PARKWAY

27 Suite, Apt. #, etc.

28 City & State

ALAMEDA, CA

29 Zip

94502-3002

30 Country

USA

3. Date Incorporated or Qualified

05/17/1982

4. FEI Number

04-2697554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ 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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SACHS, BRUCE I	
STREET ADDRESS	770 FOREST ST	
CITY-ST-ZIP	N ANDOVER MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CAMPENELLA, GERALD P	
STREET ADDRESS	28 JACKSON CIR	
CITY-ST-ZIP	MARLBOROUGH MA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CASTONGUAY, MAURICE L	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CANTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EJABAT, MORY	
1.3 STREET ADDRESS	1701 HARBOR BAY PARKWAY	
1.4 CITY-ST-ZIP	ALAMEDA, CA 94502-3002	
2.1 TITLE	S T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ASHBY, MICHAEL	
2.3 STREET ADDRESS	1701 HARBOR BAY PARKWAY	
2.4 CITY-ST-ZIP	ALAMEDA, CA 94502-3002	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SACHS, BRUCE	
3.3 STREET ADDRESS	55 FAIBANKS BLVD	
3.4 CITY-ST-ZIP	MARLBORO, MA 01752	
4.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEWELS, FRANCES	
4.3 STREET ADDRESS	1701 HARBOR BAY PARKWAY	
4.4 CITY-ST-ZIP	ALAMEDA, CA 94502-3002	
5.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BAY, TERENCE	
5.3 STREET ADDRESS	1701 HARBOR BAY PARKWAY	
5.4 CITY-ST-ZIP	ALAMEDA, CA 94502-3002	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SYMONS, JEANETTE	
6.3 STREET ADDRESS	1701 HARBOR BAY PARKWAY	
6.4 CITY-ST-ZIP	ALAMEDA, CA 94502-3002	

14. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.6.99

Date

510.769.6001

Daytime Phone #

CR2E034 (11/98)