

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

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002279 (7)**  
1. Corporation Name  
**SEAGATE SOFTWARE STORAGE MANAGEMENT GROUP, INC.**



Principal Place of Business <b>87 SKYLINE DR STE 1101 LAKE MARY FL 32746 US</b>	Mailing Address <b>C/O LEGAL DEPT 37 SKYLINE DR STE 1101 LAKE MARY FL 32746 US</b>
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3. Date Incorporated or Qualified <b>05/02/1994</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2878624</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 920 DISC DRIVE</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 920 DISC DRIVE</b> Suite, Apt. #, etc.
<b>22</b> City & State <b>SCOTT'S VALLEY, CA</b>	<b>27</b> City & State <b>SCOTT'S VALLEY, CA</b>
<b>23</b> Zip <b>95066</b> Country <b>U.S.A.</b>	<b>28</b> Zip <b>95066</b> Country <b>U.S.A.</b>

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33325</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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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 <b>P</b>	<b>DELETED</b>	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>AZZOUZ, KEVIN</b>		1.2 NAME <b>Luczo, Stephen J</b>	
STREET ADDRESS <b>38 SKYLINE DR.</b>		1.3 STREET ADDRESS <b>920 Disc Drive</b>	
CITY-ST-ZIP <b>LAKE MARY FL</b>		1.4 CITY-ST-ZIP <b>SCOTT'S VALLEY, CA 95066</b>	
TITLE <b>VPGM</b>	<b>DELETED</b>	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>COGSWELL, DOUGLAS</b>		2.2 NAME <b>Waite, Donald L.</b>	
STREET ADDRESS <b>600 E DIEHL RD</b>		2.3 STREET ADDRESS <b>920 Disc Drive</b>	
CITY-ST-ZIP <b>MAPERVILLE IL</b>		2.4 CITY-ST-ZIP <b>SCOTT'S VALLEY, CA 95066</b>	
TITLE <b>VPT</b>	<input type="checkbox"/> DELETED	3.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CHAMBERLAIN, ELLEN</b>		3.2 NAME <b>Cunningham, Terrence</b>	
STREET ADDRESS <b>920 DISC DR</b>		3.3 STREET ADDRESS <b>920 Disc Drive</b>	
CITY-ST-ZIP <b>SCOTT'S VALLEY CA</b>		3.4 CITY-ST-ZIP <b>SCOTT'S VALLEY, CA 95066</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GALIOTTO, DAVE</b>		4.2 NAME	
STREET ADDRESS <b>708 FIERO COMMERCE PARK, STE 5</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SAN LUIS OBISPO CA</b>		4.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<input type="checkbox"/> DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZACCHERO, RONALD</b>		5.2 NAME	
STREET ADDRESS <b>920 DISC DR</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>SCOTT'S VALLEY CA</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHUGART, ALLAN F</b>		6.2 NAME	
STREET ADDRESS <b>920 DISC DR</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>SCOTT'S VALLEY CA</b>		6.4 CITY-ST-ZIP	

14. I do 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: **Ronald Zaccheo** Ronald Zaccheo 4/30/97 408/439-7118

CR2E034 (9/96)