

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 25, 1999 8:00 am  
Secretary of State

04-25-1999 90005 025 \*\*\*300.00

DOCUMENT # F94000002279

1. Corporation Name

SEAGATE SOFTWARE STORAGE MANAGEMENT GROUP, INC.



Principal Place of Business

920 DISC DRIVE  
SCOTTS VALLEY CA 95066  
US

Mailing Address

920 DISC DRIVE  
ATTN: TAX DEPT  
SCOTTS VALLEY CA 95066  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

59-2878624

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33325

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; not title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCZO, STEPHEN J.	
STREET ADDRESS	920 DISC DRIVE	
CITY-ST-ZIP	SCOTTS VALLEY CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WAITE, DONALD L.	
STREET ADDRESS	920 DISC DRIVE	
CITY-ST-ZIP	SCOTTS VALLEY CA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	CHAMBERLAIN, ELLEN	
STREET ADDRESS	920 DISC DR	
CITY-ST-ZIP	SCOTTS VALLEY CA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GALIOTTO, DAVE	
STREET ADDRESS	708 FIERO COMMERCE PARK, STE 5	
CITY-ST-ZIP	SAN LUIS OBISPO CA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ZACCHEO, RONALD	
STREET ADDRESS	920 DISC DR	
CITY-ST-ZIP	SCOTTS VALLEY CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHUGART, ALLAN F	
STREET ADDRESS	920 DISC DR	
CITY-ST-ZIP	SCOTTS VALLEY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Terence Cunningham	
1.3 STREET ADDRESS	708 Fiero Commerce Park, #5	
1.4 CITY-ST-ZIP	San Luis Obispo, CA 93401	
2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Susan Wolfe	
2.3 STREET ADDRESS	915 Disc Drive	
2.4 CITY-ST-ZIP	Scotts Valley, CA 95066	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stephen Sedler	
3.3 STREET ADDRESS	915 Disc Drive	
3.4 CITY-ST-ZIP	Scotts Valley, CA 95066	
4.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ellen Chamberlain	
4.3 STREET ADDRESS	915 Disc Drive	
4.4 CITY-ST-ZIP	Scotts Valley, CA 95066	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen Chamberlain

4/6/99

(831) 439-2767

Date

Telephone #

CR2E034 (11/98)