

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northon  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 PM 12:59

**DOCUMENT # F94000003794 (4)**

1. Corporation Name

**AVID TECHNOLOGY, INC.**

Principal Place of Business

**METROPOLITAN TECHNOLOGY PARK  
TEWKSBURY MA 01876**

Mailing Address

**METROPOLITAN TECHNOLOGY PARK  
TEWKSBURY MA 01876**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/20/1994** 3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number  
**04-2977748**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip

Country

24

Zip

Country

29

8. This corporation has liability for intangible tax under § 193.022 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH 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 or agent in charge)

(Signature typed or printed name of registered agent in charge)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **RAWLEY, CURT A**  
STREET ADDRESS **METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST**  
CITY, ST, ZIP **TEWKSBURY MA**

TITLE **V**  
NAME **BASSON, PAUL R**  
STREET ADDRESS **METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST**  
CITY, ST, ZIP **TEWKSBURY MA**

TITLE **V**  
NAME **COOK, JONATHAN H**  
STREET ADDRESS **METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST**  
CITY, ST, ZIP **TEWKSBURY MA**

TITLE **CD**  
NAME **KAISER, WILLIAM S**  
STREET ADDRESS **METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST**  
CITY, ST, ZIP **TEWKSBURY MA**

TITLE **VT**  
NAME **HAZEN, C E**  
STREET ADDRESS **METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST**  
CITY, ST, ZIP **TEWKSBURY MA**

TITLE **V**  
NAME **KESHIAN, DANIEL A**  
STREET ADDRESS **METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST**  
CITY, ST, ZIP **TEWKSBURY MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME **Same**  
13 STREET ADDRESS  
14 CITY, ST, ZIP

21 TITLE  Change  Addition  
22 NAME **Frederic G. Hammond**  
23 STREET ADDRESS **Assistant Secretary**  
24 CITY, ST, ZIP **Metropolitan Technology Park, 1 Park West**  
**TEWKSBURY, MA 01876**

31 TITLE  Change  Addition  
32 NAME **Same**  
33 STREET ADDRESS  
34 CITY, ST, ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

51 TITLE  Change  Addition  
52 NAME **Same**  
53 STREET ADDRESS  
54 CITY, ST, ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally for the exemption stated in Section 119 (7)(b), 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. 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 as an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1995 508-640-6789