


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

FILED
Jan 30 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	Metropolitan Technology	07/20/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Park		4. FEI Number	
		27 One Park West		04-2977748	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		28 Tewksbury, MA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29	01876	30 Middlesex	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name N/A			
				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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, FREDERIC G	1.2 NAME	
STREET ADDRESS	METROPOLITAN TECHNOLOGY PARK 1 PARK WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEWKSBURY MA	1.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	SVP and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, WILLIAM L.	2.2 NAME	
STREET ADDRESS	METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEWKSBURY MA	2.4 CITY-ST-ZIP	
TITLE	SVPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEN, C. EDWARD	3.2 NAME	
STREET ADDRESS	METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEWKSBURY MA	3.4 CITY-ST-ZIP	
TITLE	CBPC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WILLIAM J.	4.2 NAME	
STREET ADDRESS	METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEWKSBURY MA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ **SIGNATURE REQUIRED** **Frederic G.** 1/22/98 (978) 640-3420

CR2E034 (10/97)