

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90038 020 ***150.00

DOCUMENT # F94000003794

1. Entity Name

AVID TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

**METROPOLITAN TECHNOLOGY PARK
 TEWKSBURY MA 01876**

**METROPOLITAN TECHNOLOGY PARK
 ONE PART WEST
 TEWKSBURY MA 01876
 US**

00010181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Avid Technology Park

3. Mailing Address

Avid Technology Park

Suite, Apt. #, etc.
One Park West

Suite, Apt. #, etc.
One Park West

City & State
Tewksbury, MA

City & State
Tewksbury, MA

4. FEI Number **04-2977748**

Applied For
 Not Applicable

Zip Country
01876 USA

Zip Country
01876 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAMMOND, FREDERIC G METROPOLITAN TECHNOLOGY PARK 1 PARK WEST TEWKSBURY MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT FLAHERTY, WILLIAM L. METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST TEWKSBURY MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBPC MILLER, WILLIAM J. METROPOLITAN TECHNOLOGY PARK, 1 PARK WEST TEWKSBURY MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUMBACK, CHARLES T METROPOLITAN TECHNOLOGY PARK 1 PARK WEST TEWKSBURY MA 01876	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, WILLIAM E METROPOLITAN TECHNOLOGY PARK 1 PARK WEST TEWKSBURY MA 01876	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTCHER, PETER C METROPOLITAN TECHNOLOGY PARK 1 PARK WEST TEWKSBURY MA 01876	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ethan E. Jacks Avid Technology Park, One Park West Tewksbury, MA 01876	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David A. Krall Avid Technology Park, One Park West Tewksbury, MA 01876	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert M. Halperin Avid Technology Park, One Park West Tewksbury, MA 01876	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Hawthorne Avid Technology Park, One Park West Tewksbury, MA 01876	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger J. Heinen, Jr. Avid Technology Park, One Park West Tewksbury, MA 01876	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniel Langlois Avid Technology Park, One Park West Tewksbury, MA 01876	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like powers.

SIGNATURE: *Ethan E. Jacks*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ethan E. Jacks, 1/ /00 978-640-5631
 Date Daytime Phone #

CR2E034 (9/99)