

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90098 023 \*\*\*150.00

**DOCUMENT # F94000003794**  
 1. Entity Name  
**AVID TECHNOLOGY, INC.**

Principal Place of Business <b>AVID TECHNOLOGY PARK ONE PARK WEST TEWKSBURY MA 01876</b>	Mailing Address <b>AVID TECHNOLOGY PARK ONE PARK WEST TEWKSBURY MA 01876 US</b>
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**80048078**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>Attn: Legal Deptmt.</b> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>04-2977748</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KRALL, DAVID A ONE PARK WEST TEWKSBURY MA 01876</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NOTE: Full listing of directors is attached.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRUMBACK, CHARLES T METROPOLITAN TECHNOLOGY PARK 1 PARK WEST TEWKSBURY MA 01876</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Avid Technology Park, One Park West</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOTCHER, PETER C METROPOLITAN TECHNOLOGY PARK 1 PARK WEST TEWKSBURY MA 01876</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JACK, EATHAN E ONE PARK WEST TEWKSBURY MA 01876</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jacks, Ethan E. (spelling corrections noted.)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS KAZMER, CAROL E ONE PARK WEST TEWKSBURY MA 01876</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT LAMOUNTAIN, JOHN ONE PARK WEST TEWKSBURY MA 01876</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer</b>

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 empowered.

SIGNATURE: Carol E. Kazmer **Carol E. Kazmer** 3/7/02 978-640-3420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20234 (9/01)

*Attachment of Debt*

*F94000003794  
B0048078*

## AVID TECHNOLOGY, INC.

*as of March 1, 2002*

### 1. OFFICERS

OFFICE HELD	NAME	BUSINESS ADDRESS
PRESIDENT:	David Krall	One Park West, Tewksbury, MA 01876
TREASURER:	John LaMountain	One Park West, Tewksbury, MA 01876
SECRETARY:	Ethan E. Jacks	One Park West, Tewksbury, MA 01876
ASST. SECRETARY:	Carol E. Kazmer	One Park West, Tewksbury, MA 01876
ASST. SECRETARY:	Mark G. Borden	One Park West, Tewksbury, MA 01876

### 2. DIRECTORS

DIRECTOR	ADDRESS
Charles T. Brumback	c/o Avid Technology, Inc., One Park West, Tewksbury, MA 01876
Robert M. Halperin	c/o Avid Technology, Inc., One Park West, Tewksbury, MA 01876
Nancy Hawthorne	c/o Avid Technology, Inc., One Park West, Tewksbury, MA 01876
David A. Krall	c/o Avid Technology, Inc., One Park West, Tewksbury, MA 01876
Pamela F. Lenehan	c/o Avid Technology, Inc., One Park West, Tewksbury, MA 01876
William J. Warner	c/o Avid Technology, Inc., One Park West, Tewksbury, MA 01876