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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004062 (3)

1. Corporation Name

STREAMLOGIC CORPORATION

Principal Place of Business

21329 NORDHOFF STREET
CHATSWORTH CA 91311

Mailing Address

21329 NORDHOFF STREET
CHATSWORTH CA 91311-5819



3. Date Incorporated or Qualified

08/08/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

95-3093858

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input checked="" type="checkbox"/> DELETE
NAME	SMART, J L	
STREET ADDRESS	21329 NORDHOFF STREET	
CITY - ST - ZIP	CHATSWORTH CA 91311	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SCHERER, BARBARA	
STREET ADDRESS	21329 NORDHOFF STREET	
CITY - ST - ZIP	CHATSWORTH CA 91311	
TITLE	CFOS	<input checked="" type="checkbox"/> DELETE
NAME	HILBERT, LEE	
STREET ADDRESS	21329 NORDHOFF STREET	
CITY - ST - ZIP	CHATSWORTH CA 91311	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AVELLA, VIVEN	
STREET ADDRESS	21329 NORDHOFF STREET	
CITY - ST - ZIP	CHATSWORTH CA 91311	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BAXTER, DAVID	
STREET ADDRESS	21329 NORDHOFF STREET	
CITY - ST - ZIP	CHATSWORTH CA 91311	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DOWNS, MICHAEL	
STREET ADDRESS	21329 NORDHOFF STREET	
CITY - ST - ZIP	CHATSWORTH CA 91311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MICHAEL O. PRELETZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHAIRMAN, CEO, PRESIDENT	
1.3 STREET ADDRESS	21329 NORDHOFF STREET	
1.4 CITY - ST - ZIP	CHATSWORTH, CA 91311	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	ERIC HERZOG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICEPRESIDENT	
3.3 STREET ADDRESS	21329 NORDHOFF STREET	
3.4 CITY - ST - ZIP	CHATSWORTH, CA 91311	
4.1 TITLE	STEVE DALTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VICE PRESIDENT	
4.3 STREET ADDRESS	21329 NORDHOFF STREET	
4.4 CITY - ST - ZIP	CHATSWORTH, CA 91311	
5.1 TITLE	CARY CAPECE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICE PRESIDENT	
5.3 STREET ADDRESS	21329 NORDHOFF STREET	
5.4 CITY - ST - ZIP	CHATSWORTH, CA 91311	
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 do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)