

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

FILED
May 12 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 # F97000005641 (2)

1. Corporation Name
STORAGE DIMENSIONS, INC.



Principal Place of Business 1656 MCCARTHY BLVD. MILPITAS CA 95035	Mailing Address 1656 MCCARTHY BLVD. MILPITAS CA 95035
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6305 El Camino Real Suite, Apt. #, etc. 22 City & State 23 Carlsbad, CA Zip 24 92009-1606 Country 25 San Diego		2a. Mailing Address 26 PO Box 9000 Suite, Apt. #, etc. 27 City & State 28 Carlsbad, CA Zip 29 92018-9000 Country 30 San Diego		3. Date Incorporated or Qualified 10/27/1997	
		4. FEI Number 77-0324887		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	DELETE	1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, BRIAN D		1.2 NAME	James L. Lambert	
STREET ADDRESS	ONE PICKWICK PLAZA, #310		1.3 STREET ADDRESS	6305 El Camino Real	
CITY-ST-ZIP	GREENWICH CT 06830		1.4 CITY-ST-ZIP	Carlsbad, CA 92009	
TITLE	C	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEBAUER, A. GEORGE		2.2 NAME	Dona Kammersgard	
STREET ADDRESS	ONE PICKWICK PLAZA, #310		2.3 STREET ADDRESS	6305 El Camino Real	
CITY-ST-ZIP	GREENWICH CT 06830		2.4 CITY-ST-ZIP	Carlsbad, CA 92009	
TITLE	D	DELETE	3.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARK, CHONG SUP		3.2 NAME	Testape Harlemichael	
STREET ADDRESS	3101 N. FIRST ST.		3.3 STREET ADDRESS	6305 El Camino Real	
CITY-ST-ZIP	SAN JOSE CA 95134		3.4 CITY-ST-ZIP	Carlsbad, CA 92009	
TITLE	P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EEG, DAVID		4.2 NAME	Jason Sauey	
STREET ADDRESS	1656 MCCARTHY BLVD.		4.3 STREET ADDRESS	15981 Volplast Road	
CITY-ST-ZIP	MILPITAS CA 95035		4.4 CITY-ST-ZIP	Midvale, OH 44062	
TITLE	VS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWLES, GENE		5.2 NAME	WR Sauey	
STREET ADDRESS	1656 MCCARTHY BLVD.		5.3 STREET ADDRESS	414 Broadway	
CITY-ST-ZIP	MILPITAS CA 95035		5.4 CITY-ST-ZIP	Barabro WI 53913	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYLIN, ROBERT		6.2 NAME		
STREET ADDRESS	1656 MCCARTHY BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MILPITAS CA 95035		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:

David H. Lambert

4/29/98

CR2E034 (10/97)