## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2000 8:00 am Secretary of State DOCUMENT # F9800003617 1. Entity Name ADAPTEC, INC. 02-11-2000 90007 011 \*\*\*150.00 Principal Place of Business Mailing Address 691 S. MILPITAS BLVD., M/S 125 691 S. MILPITAS BLVD., M/S 125 MILPITAS CA 95035-5473 MILPITAS CA 95035 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 94-2748530 Not Applied the Country \$8.75 Additional Zip Country Ζip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Thange TITLE XX Delete CEO **BOUCHER, LAURENCE B** NAME NAME Robert N. Stephens 691 S. Milpitas Blvd. STREET ADDRESS 691 S. MILPITAS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Milpitas, CA 95035 **MILPITAS CA 95035** XX Change ☐ Addition XX Delete TITLE STEPHENS, ROBERT N Robert L. Schultz, Jr. 691 S. Milpitas Blvd. NAME STREET ADDRESS STREET ADDRESS 691 S. MILPITAS BLVD. Milpitas, CA 95035 CITY-ST-ZIP CITY-ST-ZIP **MILPITAS CA 95035** TITLE ☐ Change Addition ☐ Delete TITLE NAME Campagna, J. Peter .. .NAME STREET ADDRESS 691 S. MILPITAS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MILPITAS CA 95035** VP & Corporate Controller TITLE ☐ Change XX Addition XX Delete TITLE FISHER, MICHAEL G Kenneth B. Arola NAME NAME 691 S. Milpitas Blvd. STREET ADDRESS STREET ADDRESS 691 S. MILPITAS BLVD. CITY-ST-ZIP CITY-ST-ZIP Milpitas, CA 95035 MILPITAS CA 95035 ☐ Change ☐ Addition CFO TITLE ☐ Delete TITLE NAME BROWN, ANDREW J NAME STREET ADDRESS STREET ADDRESS 691 S. MILPITAS BLVD. CITY-ST-ZIP CITY-ST-ZIP **MILPITAS CA 95035** VPXX Addition XX Delete TITLE ☐ Change TITLE HARRIS, TIM NAME Mark R. Hollyer STREET ADDRESS 691 S. MILPITAS BLVD. STREET ADDRESS 691 S. Milpitas Blvd. CITY-ST-ZIP CITY-ST-ZIP MILPITAS CA 95035 Milpitas, CA 95035 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 applicass, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PHINTED NAME OF SIG

D TYPED ON PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00

408-945-8600

FILED

Daytime Phone #