2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2005 8:00 am Secretary of State

NAME STREET ADDRESS 691 S. MILPITAS BLVD. MILLE VPCC	DOCUMENT # F9800003617 1. Entity Name ADAPTEC, INC.						03-15-2005 90025 003 ***150.00			
Sulfio, Apl. #, etc. Sulfio, Apl. #, etc. City & State City & State City & State A. FEI Number S4-2748530 Next Applicable Applied For S4-2748530 Next Applicable S8,75 Additional Fee Required S7, Additional Fee Required S8,75 Additional Fee Required S7, Additional Fee Required S8,75 Additional Fee Required Fee Requir	691 S. MILPI	TAS BLVD., M/S 125	691 S. MILPITAS BLVD					Nami ji jahi		
City & State City & State City & State Country Countr	2. Principal Place of Business 3. Mailing Address									
Abd Applicable Security Sec	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172005	Chg-P	CR2E034 (10/03)		
S. Corticole of Status Desired Fee Required Fee	City & State		City & State			1		<u> </u>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code	Zip	Country	Zip	Count	try	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)		6 Name and Address of Current								
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hipself or printed round of registered agent and rise repolatible (NOTE: Registered Agent agendare required when reintational) DATE	1200 SOUTH PINE ISLAND ROAD									
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, loped or printed round of registered agent and title Repositive					City			FL Zip Cod	e	
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12. 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 supply mental 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 i changed, or on an attachment with an address, with all other like empowered.		1	h this filing does not qualify for s true and accurate and that in sowered to execute this report with all other like empowered		I	ection 119.07(3)(same legal effec 7, Florida Statute), Florida Statutes, t as if made under s; and that my nam	I further certify that the in oath; that I am an officer e appears in Block 10 o	nformation or director r Block 11 if	
SIGNATURE: MARSHALL MOHR (408) 945-8600 SIGNATURE: Date Distribution Name OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date										