

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **G39360**

(4)

1. Corporation Name

**MYLEX CORPORATION**

Principal Place of Business

**34551 ARDENWOOD BLVD  
FREMONT CA 94555-3607  
US**

Mailing Address

**P.O. BOX 5035  
FREMONT CA 94555-3607**



3. Date Incorporated or Qualified

**05/03/1983**

3a. Date of Last Report

**09/18/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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

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 type for personal use of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **MONTESS, AL**  
STREET ADDRESS **34551 ARDENWOOD BLVD**  
CITY-STATE-ZIP **FREMONT CA 94555-3607**

TITLE **SVG** ☐ DELETE

NAME **GUPTA, PARVEEN**  
STREET ADDRESS **34551 ARDENWOOD BLVD**  
CITY-STATE-ZIP **FREMONT CA 94555-3607**

TITLE **VCFO** ☐ DELETE

NAME **GRAY, COLLEEN M**  
STREET ADDRESS **34551 ARDENWOOD BLVD**  
CITY-STATE-ZIP **FREMONT CA 94555-3607**

TITLE **VSM** ☐ DELETE

NAME **SHAMBORA, PETER**  
STREET ADDRESS **34551 ARDENWOOD BLVD**  
CITY-STATE-ZIP **FREMONT CA 94555-3607**

TITLE **VO** ☒ DELETE

NAME **SHERMAN, W. TOM**  
STREET ADDRESS **34551 ARDENWOOD BLVD**  
CITY-STATE-ZIP **FREMONT CA 94555-3607**

TITLE **VENG** ☐ DELETE

NAME **KRISHNAKUMAR, RAO SURUGUCCHI**  
STREET ADDRESS **34551 ARDENWOOD BLVD**  
CITY-STATE-ZIP **FREMONT CA 94555-3607**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

**VP, HUMAN RESOURCES** ☐ Change ☒ Addition

**JOSEPH SCHMIDT**

**34551 ARDENWOOD BLVD.**

**FREMONT, CA 94555-3607**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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:

*Colleen Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)