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Jan 21 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 # **P08621** (5)
1. Corporation Name
CONVEX COMPUTER CORPORATION

Principal Place of Business
**3000 WATERVIEW PKWY.
P.O. BOX 833651
RICHARDSON TX 75083-0651**

Mailing Address
**HEWLETT-PACKARD COMPANY
3000 HANOVER STREET MS208F
PALO ALTO CA 94304-1112
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1985		3a. Date of Last Report 07/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-1838006		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WAYMAN, ROBERT P	1.2 NAME	
STREET ADDRESS	3000 HANOVER STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALO ALTO CA	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	
NAME	EATON, JOHN R	2.2 NAME	
STREET ADDRESS	3000 HANOVER ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALO ALTO CA	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	
NAME	NORDLUND, D. C	3.2 NAME	
STREET ADDRESS	3000 HANOVER ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALO ALTO CA	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	TOMLINSON, LAWRENCE	4.2 NAME	
STREET ADDRESS	3000 HANOVER ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALO ALTO CA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	ASST SECRETARY OF DIRECTOR
NAME		5.2 NAME	ANN BASKINS
STREET ADDRESS		5.3 STREET ADDRESS	3000 HANOVER STREET
CITY - ST - ZIP		5.4 CITY - ST - ZIP	PALO ALTO, CA 94304
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Ann O. Baskins* **Ann O. Baskins**
ASST. SECRETARY
1/7/97 415 857-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)