

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P20916 (3)

EXABYTE CORPORATION



Principal Place of Business: **1685 38TH ST BOULDER CO 80301**
 Mailing Address: **1685 38TH ST BOULDER CO 80301**

3. Date Incorporated or Qualified: **09/15/1988** 3a. Date of Last Report: **05/01/1995**
 4. FFI Number: **84-0988566** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt #, etc.:
 City & State:
 Zip: Country:

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, typed or printed name of registered agent (and the applicable)

(NOTE: Registered Agent's signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, STEPHEN F	
STREET ADDRESS	1748 BEAR MOUNTAIN DR	
CITY-ST-ZIP	BOULDER CO	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	BEHRENDT, PETER	
STREET ADDRESS	1575 ROCKMONT CIRCLE	
CITY-ST-ZIP	BOULDER CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RIEGL, DAVID L	
STREET ADDRESS	8403 FIRESTHORN CT	
CITY-ST-ZIP	NIWOT CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WASHING, THOMAS	
STREET ADDRESS	497 SO CEDARBROOK RD	
CITY-ST-ZIP	BOULDER CO	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	MARRINER, WILLIAM	
STREET ADDRESS	1185 ALBION RD	
CITY-ST-ZIP	BOULDER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCOY, JAMES M	
STREET ADDRESS	360 MENLO OAKS DR	
CITY-ST-ZIP	MENLO PK CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	D Ralph Z. Sorenson
13 STREET ADDRESS	603 Spruce Street
14 CITY-ST-ZIP	Boulder, CO 80302
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D Bruce M. Holland
23 STREET ADDRESS	730 15th Street
24 CITY-ST-ZIP	Boulder, CO 80302
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D Mark W. Perry
33 STREET ADDRESS	2606 Jackson Street
34 CITY-ST-ZIP	San Francisco, CA 94115
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	D Thomas E. Pardun
43 STREET ADDRESS	9875 Maroon Cr., #400
44 CITY-ST-ZIP	Englewood, CO 80112
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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)(k) 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen F. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen F. Smith, Secretary

07/20/96

(309) 442-4333

CR2E034 (3/96)