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**Apr 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 # **P20916** (3)
1. Corporation Name
EXABYTE CORPORATION



Principal Place of Business: **1685 38TH ST BOULDER CO 80301**
Mailing Address: **1685 38TH ST BOULDER CO 80301-2801**

3. Date Incorporated or Qualified: **09/15/1988** 3a. Date of Last Report: **07/30/1996**
4. FEI 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 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
25 Country

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; 85 Zip Code: **FL**

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) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SORENSON, RALPH Z.		1.2 NAME	
STREET ADDRESS: 603 SPRUCE STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP: BOULDER CO		1.4 CITY-ST-ZIP	
TITLE: PDC	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BEHRENDT, PETER		2.2 NAME	PDC PETER D. BEHRENDT
STREET ADDRESS: 1575 ROCKMONT CIRCLE		2.3 STREET ADDRESS	1575 ROCKMONT CR.
CITY-ST-ZIP: BOULDER CO		2.4 CITY-ST-ZIP	BOULDER, CO 80301
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PERRY, MARK W.		3.2 NAME	
STREET ADDRESS: 2806 JACKSON STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP: SAN FRANCISCO CA		3.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PARDUN, THOMAS E.		4.2 NAME	
STREET ADDRESS: 9875 MARRON CR., #400		4.3 STREET ADDRESS	
CITY-ST-ZIP: ENGLEWOOD CO		4.4 CITY-ST-ZIP	
TITLE: TV	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARRINER, WILLIAM		5.2 NAME	P/V/P/T/T WILLIAM L. MARRINER
STREET ADDRESS: 1195 ALBION RD		5.3 STREET ADDRESS	1195 ALBION RD
CITY-ST-ZIP: BOULDER CO		5.4 CITY-ST-ZIP	BOULDER, CO
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCCOY, JAMES M		6.2 NAME	
STREET ADDRESS: 360 MENLO OAKS DR		6.3 STREET ADDRESS	
CITY-ST-ZIP: MENLO PK CA		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:  **STEPHEN F. SMITH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____
SECRETARY

CR2E034 (9/96)