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

LEGAL
JAN 23 1996
DEPT.

DOCUMENT # **P24392** **(3)**

1. Corporation Name

SEQUENT COMPUTER SYSTEMS, INC.

Principal Place of Business	Mailing Address
15450 SW KOLL PARKWAY BEAVERTON OR 97006	15450 SW KOLL PARKWAY BEAVERTON OR 97006

2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 Zip / Country 24 / 25	2a. Mailing Address 26 Suite, Apt. # etc. 27 City & State 28 Zip / Country 29 / 30

3. Date Incorporated or Qualified: **05/18/1989**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **93-0826369** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 607.1506, Florida Statutes, this 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TYPE	C	☐ DELETE	11 TYPE	CD	☒ Change ☐ Addition
12 NAME	POWELL, KARL C. JR.		12 NAME	Powell, Karl C. Jr.	
13 STREET ADDRESS	4311 S.W. GREENLEAF DR.		13 STREET ADDRESS	5256 SW Humphrey Blvd.	
14 CITY-ST-ZIP	PORTLAND OR		14 CITY-ST-ZIP	Portland, OR 97221	
21 TYPE	VTS	☐ DELETE	21 TYPE	VT	☒ Change ☐ Addition
22 NAME	GREGG, ROBERT S.		22 NAME	Gregg, Robert S.	
23 STREET ADDRESS	2175 S.W. MAYFIELD DR.		23 STREET ADDRESS		
24 CITY-ST-ZIP	PORTLAND OR		24 CITY-ST-ZIP		
31 TYPE	CD	☒ DELETE	31 TYPE		☐ Change ☐ Addition
32 NAME	POWELL,C,KARL		32 NAME		
33 STREET ADDRESS	4311 S.W GREENLEAF DRIVE		33 STREET ADDRESS		
34 CITY-ST-ZIP	PORTLAND OR		34 CITY-ST-ZIP		
41 TYPE	PD	☒ DELETE	41 TYPE	P	☐ Change ☒ Addition
42 NAME	KARL C. POWELL		42 NAME	John McAdam	
43 STREET ADDRESS	4311 SW GREENLEAF DRIVE		43 STREET ADDRESS	6103 SW Sheridan Street	
44 CITY-ST-ZIP	PORTLAND OR		44 CITY-ST-ZIP	Portland, OR 97225	
51 TYPE	VT	☒ DELETE	51 TYPE		☐ Change ☐ Addition
52 NAME	GREGG, ROBERT S.		52 NAME		
53 STREET ADDRESS	2175 SW MAYFIELD DR.		53 STREET ADDRESS		
54 CITY-ST-ZIP	PORTLAND OR		54 CITY-ST-ZIP		
61 TYPE	S	☐ DELETE	61 TYPE		☐ Change ☐ Addition
62 NAME	HEWITT, HENRY H.		62 NAME		
63 STREET ADDRESS	3800 S.W. 48TH PLACE		63 STREET ADDRESS		
64 CITY-ST-ZIP	PORTLAND OR		64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added above with an address.

SIGNATURE: (X) _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____