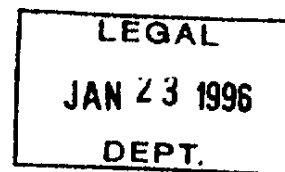


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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



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

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

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 607.1502, 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 of the person who is the registered agent or the person who is the registered agent's authorized representative

Signature of the person who is the registered agent or the person who is the registered agent's authorized representative

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	C	☐ DELETE
2. NAME	POWELL, KARL C. JR.	
3. STREET ADDRESS	4311 S.W. GREENLEAF DR.	
4. CITY, ST., ZIP	PORTLAND OR	
5. TITLE	VT	☐ DELETE
6. NAME	GREGG, ROBERT S.	
7. STREET ADDRESS	2175 S.W. MAYFIELD DR.	
8. CITY, ST., ZIP	PORTLAND OR	
9. TITLE	CD	☒ DELETE
10. NAME	POWELL, KARL C.	
11. STREET ADDRESS	4311 S.W. GREENLEAF DRIVE	
12. CITY, ST., ZIP	PORTLAND OR	
13. TITLE	PD	☒ DELETE
14. NAME	KARL C. POWELL	
15. STREET ADDRESS	4311 SW GREENLEAF DRIVE	
16. CITY, ST., ZIP	PORTLAND OR	
17. TITLE	VT	☒ DELETE
18. NAME	GREGG, ROBERT S.	
19. STREET ADDRESS	2175 SW MAYFIELD DR.	
20. CITY, ST., ZIP	PORTLAND OR	
21. TITLE	S	☐ DELETE
22. NAME	HEWITT, HENRY H.	
23. STREET ADDRESS	3800 S.W. 48TH PLACE	
24. CITY, ST., ZIP	PORTLAND OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	CD	☒ Change ☐ Addition
2. NAME	Powell, Karl C. Jr.	
3. STREET ADDRESS	5256 SW Humphrey Blvd.	
4. CITY, ST., ZIP	Portland, OR 97221	☒ Change ☐ Addition
5. TITLE	VT	
6. NAME	Gregg, Robert S.	
7. STREET ADDRESS		
8. CITY, ST., ZIP		☐ Change ☐ Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY, ST., ZIP		☐ Change ☒ Addition
13. TITLE	P	
14. NAME	John McAdam	
15. STREET ADDRESS	6103 SW Sheridan Street	
16. CITY, ST., ZIP	Portland, OR 97225	☐ Change ☐ Addition
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY, ST., ZIP		☐ Change ☐ Addition
21. TITLE		
22. NAME		
23. STREET ADDRESS		
24. CITY, ST., ZIP		

14. I 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. If 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 attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page 2

CR2E034 (12/95)