

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90016 017 \*\*\*150.00

DOCUMENT # P26224

1. Corporation Name

SEAGATE TECHNOLOGY, INC.

Principal Place of Business

% CORPORATION TRUST CENTER  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address

% CORPORATION TRUST CENTER  
1209 ORANGE STREET  
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1989

4. FEI Number

94-2612933

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☒ DELETE  
NAME SHUGART, ALAN F  
STREET ADDRESS 920 DISC DR  
CITY-ST-ZIP SCOTTS VALLEY CA

1.1 TITLE PDC ☒ Change ☐ Addition  
1.2 NAME LUCZO, STEPHEN J.  
1.3 STREET ADDRESS 920 DISC DR  
1.4 CITY-ST-ZIP SCOTTS VALLEY, CA 95066

TITLE V ☐ DELETE  
NAME CARBALLO, BERNARD A  
STREET ADDRESS 10321 WEST RENO AVENUE  
CITY-ST-ZIP OKLAHOMA CITY OK

2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME WAITE, DONALD L.  
2.3 STREET ADDRESS 920 DISC DR.  
2.4 CITY-ST-ZIP SCOTTS VALLEY, CA. 95066

TITLE VT ☒ DELETE  
NAME TAYLOR, JAMES A.  
STREET ADDRESS 920 DISC DRIVE  
CITY-ST-ZIP SCOTTS VALLEY CA

3.1 TITLE VT ☐ Change ☒ Addition  
3.2 NAME PETERSON, GLENN A.  
3.3 STREET ADDRESS 920 DISC DR.  
3.4 CITY-ST-ZIP SCOTTS VALLEY, CA. 95066

TITLE P ☒ DELETE  
NAME LUCZO, STEPHEN J  
STREET ADDRESS 920 DISC DR  
CITY-ST-ZIP SCOTTS VALLEY CA

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME POPE, CHARLES  
4.3 STREET ADDRESS 920 DISC DR.  
4.4 CITY-ST-ZIP SCOTTS VALLEY, CA. 95066

TITLE VS ☐ DELETE  
NAME WAITE, DONALD L.  
STREET ADDRESS 14708 GRANITE WAY  
CITY-ST-ZIP SARATOGA CA

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME SEDLER, STEPHEN P.  
5.3 STREET ADDRESS 920 DISC DR.  
5.4 CITY-ST-ZIP SCOTTS VALLEY, CA. 95066

TITLE V ☒ DELETE  
NAME HEGARTY, BRENDAN  
STREET ADDRESS 920 DISC DR  
CITY-ST-ZIP SCOTTS VALLEY CA

6.1 TITLE V ☐ Change ☒ Addition  
6.2 NAME WATKINS, WILLIAM D.  
6.3 STREET ADDRESS 920 DISC DR  
6.4 CITY-ST-ZIP SCOTTS VALLEY, CA. 95066

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)