

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26224

1. Entity Name

SEAGATE TECHNOLOGY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90116 043 ***150.00

Principal Place of Business

Mailing Address

% CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

% CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801-1120

2. Principal Place of Business
920 Disc Drive

3. Mailing Address
920 Disc Drive

Suite, Apt. #, etc.
M/S: SV03M7

Suite, Apt. #, etc.
M/S: SV03M7

City & State
Scotts Valley, CA

City & State
Scotts Valley, CA

Zip
95066-4544

Country
USA

Zip
95066-4544

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2612933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC LUCZO, STEPHEN J 920 DISC DR SCOTTS VALLEY CA 95066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAITE, DONALD L 920 DISC DR SCOTTS VALLEY CA 95066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PETERSON, GLENN A 920 DISC DRIVE SCOTTS VALLEY CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POPE, CHARLES 920 DISC DR SCOTTS VALLEY CA 95066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEDLER, STEPHEN P 920 DISC DR SCOTTS VALLEY CA 95066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATKINS, WILLIAM D 920 DISC DR SCOTTS VALLEY CA 95066	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen P. Sedler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen P. Sedler, Vice President 4/17/00 831-439-2583

Date

Daytime Phone #

CR2E034 (9/99)