

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90001 023 \*\*\*550.00

0136337 AT

**DOCUMENT # P26224**

1. Entity Name

**SEAGATE TECHNOLOGY, INC.**

Principal Place of Business

**920 DISC DRIVE**

**M/S: SV03M7**

**SCOTTS VALLEY CA 95066-4544**

Mailing Address

**920 DISC DRIVE**

**M/S: SV03M7**

**SCOTTS VALLEY CA 95066-4544**

2. Principal Place of Business

**920 Disc Drive**

Suite, Apt. #, etc.

**M/S: SV03M7**

City & State

**Scotts Valley, California**

3. Mailing Address

**920 Disc Drive**

Suite, Apt. #, etc.

**M/S: SV03M7**

City & State

**Scotts Valley, California**

Zip

**95066**

Country

**USA**

Zip

**95066**

Country

**USA**

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

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

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED**  
**Stephen P. Sedler, Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8/6/01**  
**831-439-2562**

Daytime Phone #

CR2E034 (5/01)