

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32109 (1)
 1. Corporation Name
AMPEX DATA SYSTEMS CORPORATION



Principal Place of Business 401 BROADWAY MS 1-13 REDWOOD CITY CA 94063	Mailing Address 401 BROADWAY MS 1-13 REDWOOD CITY CA 94063
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3. Date Incorporated or Qualified 12/11/1990	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 500 BROADWAY Suite, Apt. #, etc. 22 MS 5-103 City & State 23 Redwood City CA Zip Country 24 94063 3199 25 USA	2a. Mailing Address 26 500 Broadway Suite, Apt. #, etc. 27 MS 5-103 City & State 28 Redwood City CA Zip Country 29 94063 3199 30 USA	4. FEI Number 94-3112575 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATCHISON, ROBERT L		1.2 NAME	
STREET ADDRESS 401 BROADWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP REDWOOD CITY CA		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAMSON, EDWARD J		2.2 NAME	
STREET ADDRESS 401 BROADWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP REDWOOD CITY CA		2.4 CITY-ST-ZIP	
TITLE VPS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TALCOTT, JOEL D		3.2 NAME	
STREET ADDRESS 401 BROADWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP REDWOOD CA		3.4 CITY-ST-ZIP	
TITLE VPTC	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARPER, ROBERT W		4.2 NAME	
STREET ADDRESS 401 BROADWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP REDWOOD CITY CA		4.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKIBBEN, CRAIG L		5.2 NAME	
STREET ADDRESS 401 BROADWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP REDWOOD CITY CA		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

R. W. Harper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

Date

Daytime Phone #

0520271

CR2E034 (9/96)