

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90141 006 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P32109**

1. Corporation Name  
**AMPEX DATA SYSTEMS CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**500 BROADWAY**  
**MS 5-103**  
**REDWOOD CITY CA 94063**  
**US**

Mailing Address  
**500 BROADWAY**  
**M/S 4101**  
**REDWOOD CITY CA 94063**  
**US**

3. Date Incorporated or Qualified  
**12/11/1990**

4. FEI Number  
**94-3112575**

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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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	PD	<input type="checkbox"/> DELETE
NAME	ATCHISON, ROBERT L	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAMSON, EDWARD J	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	TALCOTT, JOEL D	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CA 94063	
TITLE	VPTC	<input type="checkbox"/> DELETE
NAME	HARPER, ROBERT W	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCKIBBEN, CRAIG L	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYKE, CHARLES W	
STREET ADDRESS	500 BROADWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94063	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Robert M. Harper** **REQUIRED**

5/13/99 (650) 367-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)