2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2001 8:00 am **DOCUMENT # P32109** Secretary of State AMPEX DATA SYSTEMS CORPORATION 05-04-2001 90088 015 ***150.00 Principal Place of Business Mailing Address 500 BROADWAY 500 BROADWAY MS 5-1101 MS 5-1101 REDWOOD CITY CA 94063 REDWOOD CITY CA 94063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE M/S 1101 M/S 1101 City & State City & State 4. FEI Number 94-3112575 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE MCKIBBEN, CRAIG L NAME NAME **500 BROADWAY** STREET ADDRESS STREET ADDRESS **REDWOOD CITY CA 94063** CITY-ST-ZIP CITY-ST-ZIP N Delete D / P TITLE TITI E Change Addition BRAMSON, EDWARD J Cooper, K. Michael NAME NAME 500 BROADWAY STREET ADDRESS 500 Broadway STREET ADDRESS REDWOOD CITY CA 94063 CITY-ST-ZIP CITY-ST-ZIP Redwood City, CA 94063 **VPD** TITLE ☐ Delete Change ☐ Addition ATCHINSON; ROBERT L NAME NAME **500 BROADWAY** STREET ADDRESS STREET ADDRESS REDWOOD CA 94063 CITY-ST-ZIP CITY-ST-ZIP AS / D TITLE ☐ Delete TITLE Change ☐ Addition BRAMSON, EDWARD J NAME NAME **500 BRAODWAY** STREET ADDRESS STREET ADDRESS **REDWOOD CITY CA 94063** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition TALCOTT, JOEL D NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CiTY-ST-ZIP

TITLE

NAME

500 BROADWAY

DYKE, CHARLES W

500 BROADWAY

REDWOOD CITY CA 94063

REDWOOD CITY CA 94063

☐ Delete

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/22/01

Change

☐ Addition

CR2E034 (10/00)