

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P32109

1. Entity Name
AMPEX DATA SYSTEMS CORPORATION



Principal Place of Business
1228 DOUGLAS AVENUE
M/S 1101
REDWOOD CITY, CA 94063 US

Mailing Address
1228 DOUGLAS AVENUE
M/S 1101
REDWOOD CITY, CA 94063 US



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3112575

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000042346
02/10/04-80019-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPT
MCKIBBEN, CRAIG L
135 EAST 57TH STREET, 32ND FLOOR
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPD
ATCHINSON, ROBERT L
1228 DOUGLAS AVENUE
REDWOOD CITY, CA 94063

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
AS
SANTANA, MARIA
135 EAST 57TH STREET, 32ND FLOOR
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPSD
TALCOTT, JOEL D
1228 DOUGLAS AVENUE
REDWOOD CITY, CA 94063

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
DYKE, CHARLES W
1330 CONNECTICUT AVENUE NW #210
WASHINGTON, DC 20036

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vice President

January 30, 2004 650-367-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #