

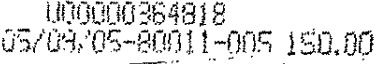
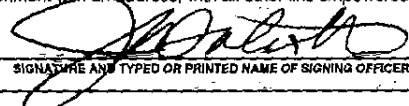


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P32109</b>		
1. Entity Name <b>AMPEX DATA SYSTEMS CORPORATION</b>		
Principal Place of Business <b>1228 DOUGLAS AVENUE M/S 1101 REDWOOD CITY, CA 94063 US</b>		Mailing Address <b>1228 DOUGLAS AVENUE M/S 1101 REDWOOD CITY, CA 94063 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04252005 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>94-3112575</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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	 <b>DO NOT WRITE IN THIS SPACE</b>
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		
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/Secretary 4/25/05 650-367-2011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		