


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 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
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3112575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	04/03/06-80033-018 150.00
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** 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
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 exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Joel D. Talcott	3/10/06	650-367-2011
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