
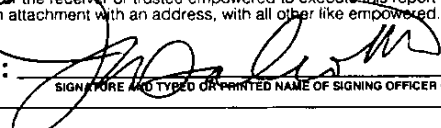


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90034 045 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02292008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 94-3112575	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKIBBEN, CRAIG L		NAME		
STREET ADDRESS	135 EAST 57TH STREET, 32ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHINSON, ROBERT L		NAME	Atchison, Robert L.	
STREET ADDRESS	1228 DOUGLAS AVENUE		STREET ADDRESS	1228 Douglas Avenue	
CITY-ST-ZIP	REDWOOD CITY, CA 94063		CITY-ST-ZIP	Redwood City, CA 94063	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, MARIA		NAME		
STREET ADDRESS	135 EAST 57TH STREET, 32ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALCOTT, JOEL D		NAME		
STREET ADDRESS	1228 DOUGLAS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	REDWOOD CITY, CA 94063		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKE, CHARLES W		NAME		
STREET ADDRESS	1330 CONNECTICUT AVENUE NW #210		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20036		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	EVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	D. Gordon Strickland	
STREET ADDRESS			STREET ADDRESS	1228 Douglas Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Redwood City, CA 94063	
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: 		Joel D. Talcott		Feb 29, 2008 650-367-2011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	