

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91457 024 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P32109

1. Entity Name
AMPEX DATA SYSTEMS CORPORATION



90113581

Principal Place of Business
1228 DOUGLAS AVENUE
REDWOOD CITY, CA 94063 US

Mailing Address
1228 DOUGLAS AVENUE
REDWOOD CITY, CA 94063 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☒ CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent
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's Signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 15, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 67TH STREET, 32ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHINSON, ROBERT L		NAME		
STREET ADDRESS	1228 DOUGLAS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	REDWOOD CITY, CA 94063		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, MARIA		NAME		
STREET ADDRESS	135 EAST 67TH STREET, 32ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	VPD	<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 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 person 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: [Signature] Vice President

April 22, 2003 650-367-2011

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CF2EC04 (1/0/02)