FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38301** **(8)**

1. Corporation Name
MAXTOR CORPORATION

Principal Place of Business	Mailing Address
211 RIVER OAKS PKWY. SAN JOSE CA 95134	211 RIVER OAKS PKWY. SAN JOSE CA 95134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/13/1992**
3a. Date of Last Report: **05/26/1994**

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **77-0123732** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOOTNICK, LAURENCE	1.2 NAME	C.S. PARK	
STREET ADDRESS	211 RIVER OAKS PKWY.	1.3 STREET ADDRESS	211 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	1.4 CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	CHANDLER, MARK	2.2 NAME	GLENN STEVENS	
STREET ADDRESS	211 RIVER OAKS PKWY	2.3 STREET ADDRESS	211 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	2.4 CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	AS	3.1 TITLE	AS	☒ Change ☐ Addition
NAME	CULLY, MICHAEL	3.2 NAME	CARLOTTA BARR-SMITH	
STREET ADDRESS	211 RIVER OAKS PKWY.	3.3 STREET ADDRESS	211 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	3.4 CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	BROPHY, MELONIE	4.2 NAME		
STREET ADDRESS	211 RIVER OAKS PKWY.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA	4.4 CITY-ST-ZIP		
TITLE	AT	5.1 TITLE		☐ Change ☐ Addition
NAME	RAINS, MERYL	5.2 NAME		
STREET ADDRESS	211 RIVER OAKS PKWY	5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GALLO, GREGORY	6.2 NAME		
STREET ADDRESS	211 RIVER OAKS PKWY.	6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Asst. Treasurer 4/24/95 408-432-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0480326 FP