SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P38301 (8)

1. Corporation Name
MAXTOR CORPORATION

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

Mailing Address
211 RIVER OAKS PKWY.
SAN JOSE CA 95134

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

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[X] DELETE
NAME	PARK, C. S.	
STREET ADDRESS	211 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	S	☐ DELETE
NAME	STEVENS, GLENN	
STREET ADDRESS	211 RIVER OAKS PKWY	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	AS	☐ DELETE
NAME	BARR-SMITH, CARLOTTA	
STREET ADDRESS	211 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	T	[X] DELETE
NAME	BROPHY, MELONIE	
STREET ADDRESS	211 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	AT	☐ DELETE
NAME	RAINS, MERYL	
STREET ADDRESS	211 RIVER OAKS PKWY	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	[X] DELETE
NAME	GALLO, GREGORY	
STREET ADDRESS	211 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & CEO	[X] Change ☐ Addition
1.2 NAME	Michael R. Cannon	
1.3 STREET ADDRESS	211 River Oaks Parkway	
1.4 CITY-ST-ZIP	San Jose, CA 95134	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Chairman of the Board	☐ Change [X] Addition
4.2 NAME	M.H. Chung	
4.3 STREET ADDRESS	211 River Oaks Parkway	
4.4 CITY-ST-ZIP	San Jose, CA 95134	
5.1 TITLE	Treasurer	[X] Change ☐ Addition
5.2 NAME	Meryl Rains	
5.3 STREET ADDRESS	211 River Oaks Parkway	
5.4 CITY-ST-ZIP	San Jose, CA 95134	
6.1 TITLE	Director & Vice Chair	[X] Change ☐ Addition
6.2 NAME	C.S. Park	
6.3 STREET ADDRESS	211 River Oaks Parkway	
6.4 CITY-ST-ZIP	San Jose, CA 95134	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Barr-Smith 6/27/96 303/678-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #