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Aug 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **p38301**  
1. Corporation Name  
**Maxtor Corporation**

Principal Place of Business <b>510 Cottonwood Milpita, CA 95035</b>	Mailing Address <b>Maxtor Corporation 2190 Miller Drive Attn: Legal Dept. Longmont, CO 80501</b>
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3. Date Incorporated or Qualified <b>04/13/1992</b>	3a. Date of Last Report <b>6/27/96</b>
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2. Principal Place of Business 21 <b>510 Cottonwood,</b> Suite, Apt. #, etc. 22 City & State 23 <b>Milpitas, CA</b> Zip 24 <b>95035</b>	2a. Mailing Address 26 <b>2190 Miller Drive</b> Suite, Apt. #, etc. 27 City & State 28 <b>Longmont, CO</b> Zip 29 <b>80501</b>	4. FEI Number <b>77-0123732</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>P Michael R. Cannon</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>510 Cottonwood</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Milpitas, Ca 95035</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>S/VP Glenn H. Stevens</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2190 Miller Drive</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Longmont, CO 80501</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>AS Carlotta Barr-Smith</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2190 Miller Drive</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Longmont, Colorado 80501</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>C M.H. Chung</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>140-2 Kye-dong, Chongro-ku</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Seoul, Korea 110-270</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>900002266269</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-08/13/97--01098--012</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***550.00</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>D C.S. Park</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>510 Cottonwood</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Milpitas, CA 95025</b>

14. I do 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 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: *C. Barr Smith* 7/8/97 308/682140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)