

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38301** (8)
1. Corporation Name
MAXTOR CORPORATION



Principal Place of Business 510 COTTONWOOD MILPITAS CA 95035	Mailing Address 2190 MILLER DRIVE LONGMONT CO 80501
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 510 COTTONWOOD DR. Suite, Apt. #, etc. 22 City & State 23 MILPITAS, CA 95035 Zip Country 24 95035 25 USA		2a. Mailing Address 26 510 COTTONWOOD DR. Suite, Apt. #, etc. 27 City & State 28 MILPITAS, CA Zip Country 29 95035 30 USA		3. Date Incorporated or Qualified 04/13/1992	4. FEI Number 77-0123732 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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			
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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 _____ (Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, MICHAEL R	1.2 NAME	
STREET ADDRESS	510 COTTONWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILPITAS CA 95035	1.4 CITY-ST-ZIP	
TITLE	SVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, GLENN H	2.2 NAME	
STREET ADDRESS	2190 MILLER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMONT CO 80501	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARR-SMITH, CARLOTTA	3.2 NAME	
STREET ADDRESS	2190 MILLER DRIVE	3.3 STREET ADDRESS	VP & CFO PAUL J. TUFANO 510 COTTONWOOD DR. MILPITAS, CA 95035
CITY-ST-ZIP	LONGMONT CO 80501	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUNG, M H	4.2 NAME	
STREET ADDRESS	140-2 KYE-DONG, CHONGRO-KU	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEOUL, KOREA 110-270	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK CS	5.2 NAME	
STREET ADDRESS	510 COTTONWOOD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILPITAS CA 95025	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CP2E034 (10/97)