

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 24 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30301**

1. Corporation Name
Maxtor Corporation

2. Principal Office Address
2452 Clover Basin Drive

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longmont CO

City & State

Zip Country
80503

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida July 24, 1986

5. FEI Number
77-0123732

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

700004658517--3
-10/30/01-01014-023
***1050.00 ***1050.00
LS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent Hiedi M. Lisch
REGISTERED AGENT MUST SIGN

Date 10/22/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| | See attached list. | | |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael R. Cannon, Pres. 10-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

303-678-2090
Daytime Phone #

Maxtor

2062

| Office | Name | Address |
|-----------|-------------------|---|
| President | Michael R. Cannon | 4642 Pheasant Court Dublin, CA 94568 |
| Secretary | Glenn H. Stevens | 38411 Boulder Canyon Drive Boulder, CO 80302 |
| Treasurer | Glen Haubl | 500 McCarthy Boulevard Milpitas, CA 95035 |
| Director | Charles F. Christ | 5 Farmington Road Amherst, NH 03031 |
| Director | Thomas Chun | 110 Glenwood Avenue Atherton, CA 94027 |
| Director | Charles Hill | 244 Bradley Street New Haven, CT 06510 |