

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90427 023 \*\*\*150.00

**DOCUMENT # R38301**

1. Entity Name  
**MAXTOR CORPORATION**

Principal Place of Business

**2452 CLOVER BASIN DRIVE  
 LONGMONT CO 80503**

Mailing Address

**2452 CLOVER BASIN DRIVE  
 LONGMONT CO 80503**

2. Principal Place of Business

**500 McCarthy Boulevard**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Milpitas California**

City & State

Zip

Country

Zip

Country

4. FEI Number

**77-0123732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **P CANNON, MICHAEL R**  
 STREET ADDRESS **4842 PHEASANT COURT**  
 CITY-ST-ZIP **DUBLIN CA 94568**

TITLE ☐ Delete  
 NAME **S STEVENS, GLENN H**  
 STREET ADDRESS **38411 BOULDER CANYON DRIVE**  
 CITY-ST-ZIP **BOULDER CO 80302**

TITLE ☐ Delete  
 NAME **T HAUBL, GLEN**  
 STREET ADDRESS **500 MCCARTHY BLVD.**  
 CITY-ST-ZIP **MILPITAS CA 95035**

TITLE ☐ Delete  
 NAME **D CHRIST, CHARLES F**  
 STREET ADDRESS **5 FARMINGTON ROAD**  
 CITY-ST-ZIP **AMHERST NH 03031**

TITLE ☐ Delete  
 NAME **D CHUN, THOMAS**  
 STREET ADDRESS **110 GLENWOOD AVENUE**  
 CITY-ST-ZIP **ATHERTON CA 94027**

TITLE ☐ Delete  
 NAME **D HILL, CHARLES**  
 STREET ADDRESS **244 BRADLEY STREET**  
 CITY-ST-ZIP **NEW HAVEN CT 06510**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE Glenn H Stevens**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-02**

**303-702-4257**

Date

Daytime Phone #

CR2E034 (9/01)