

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38301

FILED
Mar 15, 2006
Secretary of State

Entity Name: MAXTOR CORPORATION

Current Principal Place of Business:

500 MCCARTHY BLVD
MILPITAS, CA 950355

New Principal Place of Business:

Current Mailing Address:

2452 CLOVER BASIN DRIVE
LONGMONT, CO 80503

New Mailing Address:

FEI Number: 77-0123732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINGERT, MICHAEL
Address: 500 MCCARTHY BLVD.
City-St-Zip: MILPITAS, CA 95035 US

Title: S () Delete
Name: SWEENEY, WILLIAM O
Address: 2452 CLOVER BASIN DRIVE
City-St-Zip: LONGMONT, CO 80503

Title: T () Delete
Name: WILLIAMS, DUSTIN
Address: 500 MCCARTHY BLVD.
City-St-Zip: MILPITAS, CA 95035

Title: D (X) Delete
Name: CHRIST, CHARLES F
Address: 5 FARMINGTON ROAD
City-St-Zip: AMHERST, NH 03031

Title: D (X) Delete
Name: CANNON, MICHAEL
Address: 8041 GOLDEN EAGLE WAY
City-St-Zip: PLEASANTON, CA 94588

Title: D (X) Delete
Name: HILL, CHARLES
Address: 244 BRADLEY STREET
City-St-Zip: NEW HAVEN, CT 06510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARK, C.S.
Address: 500 MCCARTHY BLVD.
City-St-Zip: MILPITAS, CA 95035 US

Title: V (X) Change () Addition
Name: WILLIAMS, DUSTON
Address: 500 MCCARTHY BOULEVARD
City-St-Zip: MILPITAS, CA 95035

Title: S (X) Change () Addition
Name: SWEENEY, WILLIAM
Address: 2452 CLOVER BASIN DRIVE
City-St-Zip: LONGMONT, CO 80503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SWEENEY

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03/15/2006

Electronic Signature of Signing Officer or Director

Date