



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90025 003 ***150.00

DOCUMENT # F98000003617					
1. Entity Name ADAPTEC, INC.					
Principal Place of Business 691 S. MILPITAS BLVD., M/S 125 MILPITAS, CA 95035 US			Mailing Address 691 S. MILPITAS BLVD., M/S 125 MILPITAS, CA 95035 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 94-2748530	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, ROBERT N		NAME		
STREET ADDRESS	691 S. MILPITAS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MILPITAS, CA 95035		CITY-ST-ZIP		
TITLE	VPCC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AROLA, KENNETH B		NAME		
STREET ADDRESS	691 S. MILPITAS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MILPITAS, CA 95035		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOHR, MARSHALL L		NAME		
STREET ADDRESS	691 S. MILPITAS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MILPITAS, CA 95035		CITY-ST-ZIP		
TITLE	VPGM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOUSSEIN, AHMET D		NAME		
STREET ADDRESS	691 S. MILPITAS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MILPITAS, CA 95035		CITY-ST-ZIP		
TITLE	VPGM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAYAM, RAM		NAME		
STREET ADDRESS	691 S. MILPITAS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MILPITAS, CA 95035		CITY-ST-ZIP		
TITLE	CHMN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONTI, CARL J		NAME		
STREET ADDRESS	691 S. MILPITAS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MILPITAS, CA 95035		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		MARSHALL MOHR		(408) 945-8600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	