

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212549152

1.) CORPORATION NAME:

**WESTERN DIGITAL TECHNOLOGIES, INC.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1493677**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3355 MICHELSON DRIVE  
SUITE 100

CITY/ST/ZIP: IRVINE, CA 92612

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WOLFGANG NICKL  OFFICER  DIRECTOR  
 TITLE: EX VP/CFO  
 ADDRESS: 3355 MICHELSON DRIVE  
 SUITE 100  
 CITY/ST/ZIP/CO: IRVINE, CA 92612

NAME: STEVEN M SLAVIN  OFFICER  DIRECTOR  
 TITLE: VICE PRESIDENT  
 ADDRESS: 3355 MICHELSON DRIVE  
 SUITE 100  
 CITY/ST/ZIP/CO: IRVINE, CA 92612

NAME: MICHAEL C. RAY  OFFICER  DIRECTOR  
 TITLE: SECRETARY  
 ADDRESS: 3355 MICHELSON DRIVE  
 SUITE 100  
 CITY/ST/ZIP/CO: IRVINE, CA 92612

NAME: MATTHEW E MASSENGILL  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 3355 MICHELSON DRIVE  
 SUITE 100  
 CITY/ST/ZIP/CO: IRVINE, CA 92612

NAME: ARIF SHAKEEL  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 3355 MICHELSON DRIVE  
 SUITE 100  
 CITY/ST/ZIP/CO: IRVINE, CA 92612

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY M LEYDEN PRESIDENT 3355 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F COYNE CEO 3355 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN A COTE DIRECTOR 3355 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F COYNE DIRECTOR 3355 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM KIMSEY DIRECTOR 3355 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY T DENERO DIRECTOR 3355 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LAMBERT DIRECTOR 3355 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEN J LAUER DIRECTOR 3355 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER H MOORE DIRECTOR 3355 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E PARDUN DIRECTOR 3355 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ STEVEN M SLAVIN</u>	<u>STEVEN M SLAVIN, VICE</u>	<u>12/20/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.