

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213559689

1.) CORPORATION NAME:

WESTERN DIGITAL TECHNOLOGIES, INC.

DUE DATE: **12/31/2013**

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

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: STEPHEN D MILLIGAN OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 3355 MICHELSON DRIVE
 SUITE 100
 CITY/ST/ZIP/CO: IRVINE, CA 92612

NAME: TIMOTHY M LEYDEN OFFICER DIRECTOR
 TITLE: 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: KATHLEEN A COTE OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 3355 MICHELSON DRIVE
 SUITE 100
 CITY/ST/ZIP/CO: IRVINE, CA 92612

NAME: HENRY T DENERO TITLE: DIRECTOR ADDRESS: 3355 MICHELSON DRIVE SUITE 100 CITY/ST/ZIP/CO: IRVINE, CA 92612	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM L KIMSEY TITLE: DIRECTOR ADDRESS: 3355 MICHELSON DRIVE SUITE 100 CITY/ST/ZIP/CO: IRVINE, CA 92612	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL D LAMBERT TITLE: DIRECTOR ADDRESS: 3355 MICHELSON DRIVE SUITE 100 CITY/ST/ZIP/CO: IRVINE, CA 92612	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEN J LAUER TITLE: DIRECTOR ADDRESS: 3355 MICHELSON DRIVE SUITE 100 CITY/ST/ZIP/CO: IRVINE, CA 92612	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MATTHEW E MASSENGILL TITLE: DIRECTOR ADDRESS: 3355 MICHELSON DRIVE SUITE 100 CITY/ST/ZIP/CO: IRVINE, CA 92612	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROGER H MOORE TITLE: DIRECTOR ADDRESS: 3355 MICHELSON DRIVE SUITE 100 CITY/ST/ZIP/CO: IRVINE, CA 92612	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS E PARDUN TITLE: DIRECTOR ADDRESS: 3355 MICHELSON DRIVE SUITE 100 CITY/ST/ZIP/CO: IRVINE, CA 92612	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ARIF SHAKEEL TITLE: DIRECTOR ADDRESS: 3355 MICHELSON DRIVE SUITE 100 CITY/ST/ZIP/CO: 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.	
/s/ STEVEN M SLAVIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN M SLAVIN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE
12/16/2013 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.	