

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90045 004 ***150.00

DOCUMENT # F99000006725

1. Entity Name
SILICON GRAPHICS FEDERAL, INC.

Principal Place of Business
**12200-G PLUM ORCHARD DRIVE
 SILVER SPRING MD 20914**

Mailing Address
**12200-G PLUM ORCHARD DRIVE
 SILVER SPRING MD 20914**

001397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
**1600 AMPHITHEATRE PKWY
 MS 655
 MOUNTAIN VIEW, CA 94043**
 City & State
 Zip Country

4. FEI Number **36-4319364** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CPD ROBBINS, ANTHONY 12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEIMER, LEE 12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSO LIMON, GARY 12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, KEN 12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDIVITT, JAMES 12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**Director
 BOB O'CONNOR
 1600 AMPHITHEATRE PKWY
 MOUNTAIN VIEW, CA 94043**

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 of all other like empowered.

SIGNATURE: _____ Date **4/24/01** Daytime Phone # _____

CR2E034 (10/00)