2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90306 025 ***150.00

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DOCUMENT # F99000006725

1. Entity Name
SILICON GRAPHICS FEDERAL, INC.

Principal Place of Business	Mailing Address
12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914	1600 AMPITHEATRE OKWY MS 655 MOUNTAIN VIEW CA 94043

DO NOT WRITE IN THIS SPACE

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 36-4319364 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD ROBBINS, ANTHONY 12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WEIMER, LEE 12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER SHERRY WEISENBORNE 12200-G PLUM ORCHARD DRIVE SILVER SPRINGS, MD 20914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSO LIMON, GARY 12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, KEN 12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDIVITT, JAMES 12200-G PLUM ORCHARD DRIVE SILVER SPRING MD 20914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'CONNOR, BOB 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW CA 94043	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JEFF ZELLMER 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW CA 94043	☒ Change ☐ Addition

CR2E034 (9/01)

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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #