

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000006725

1. Entity Name
SILICON GRAPHICS FEDERAL, INC.



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

Mailing Address
**1500 CRITTENDEN
 MS 131
 MOUNTAIN VIEW, CA 94043**



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ROBBINS, ANTHONY 12200-G PLUM ORCHARD DRIVE SILVER SPRING, MD 20914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAIG, RUSSELL 1220-G PLUM ORCHARD DR SILVER SPRING, MD 20914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUCHIGAMI, HARRY 12200-G PLUM ORCHARD DRIVE SILVER SPRING, MD 20914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONEY, ARTHUR 12200-G PLUM ORCHARD DRIVE SILVER SPRING, MD 20914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDIVITT, JAMES 12200-G PLUM ORCHARD DRIVE SILVER SPRING, MD 20914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZELLMER, JEFF 1500 CRITTENDEN MS 131 MOUNTAIN VIEW, CA 94043

120000059116
 11/18/06-80017-001 150.00

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

JEFFREY V. ZELLMER, SVP, CFO

2/27/06 (650) 933-5421