

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006725

FILED
Apr 21, 2009
Secretary of State

Entity Name: SILICON GRAPHICS FEDERAL, INC.

Current Principal Place of Business:

12200-G PLUM ORCHARD DRIVE
SILVER SPRING, MD 20904

New Principal Place of Business:

Current Mailing Address:

1140 E. ARQUES AVE
SUNNYVALE, CA 940854602

New Mailing Address:

FEI Number: 36-4319364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LANTERMAN, KATHY
Address: 1140 E. ARQUES AVE
City-St-Zip: SUNNYVALE, CA 940854602

Title: PS () Delete
Name: FUCHIGAMI, HARRY
Address: 12200-G PLUM ORCHARD DRIVE
City-St-Zip: SILVER SPRING, MD 20904

Title: D () Delete
Name: MONEY, ARTHUR
Address: 12200-G PLUM ORCHARD DRIVE
City-St-Zip: SILVER SPRING, MD 20904

Title: D () Delete
Name: MCDIVITT, JAMES
Address: 12200-G PLUM ORCHARD DRIVE
City-St-Zip: SILVER SPRING, MD 20904

Title: D (X) Delete
Name: WHITE, ROBERT
Address: 12200-G PLUM ORCHARD DRIVE
City-St-Zip: SILVER SPRING, MD 20904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: RANDOLPH, KENT
Address: 1140 E. ARQUES AVE
City-St-Zip: SUNNYVALE, CA 940854602

Title: D (X) Change () Addition
Name: TARTER, BRUCE
Address: 1140 E. ARQUES AVE
City-St-Zip: SUNNYVALE, CA 940854602

Title: D (X) Change () Addition
Name: WHITE, ROBERT
Address: 1140 E. ARQUES AVE
City-St-Zip: SUNNYVALE, CA 940854602

Title: D (X) Change () Addition
Name: MCDIVITT, JAMES
Address: 1140 E. ARQUES AVE
City-St-Zip: SUNNYVALE, CA 940854602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN WALTERS

Electronic Signature of Signing Officer or Director

TAX

04/21/2009

_____ Date