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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P16782** **(5)**

1. Corporation Name
SUN MICROSYSTEMS, INC.

Principal Place of Business	Mailing Address
2550 GARCIA AVENUE MOUNTAIN VIEW CA 94043	2550 GARCIA AVENUE MS PAL01-521 MOUNTAIN VIEW CA 94043-1109 US

3. Date Incorporated or Qualified: 11/12/1987	3a. Date of Last Report: 05/14/1996
4. FEI Number: 94-2805249	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO ☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	MCNEALY, SCOTT	1.2 NAME	A. Michael Spence
STREET ADDRESS	2550 GARCIA AVENUE	1.3 STREET ADDRESS	Stanford Univ., Bldg. 350, Memorial Way
CITY-ST-ZIP	MOUNTAIN VIEW CA	1.4 CITY-ST-ZIP	Stanford, CA 94305
TITLE	CFO ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	LEHMAN, MICHAEL	2.2 NAME	Judy Estrin
STREET ADDRESS	2550 GARCIA AVENUE	2.3 STREET ADDRESS	21580 Stevens Creek Blvd., #207
CITY-ST-ZIP	MOUNTAIN VIEW CA	2.4 CITY-ST-ZIP	Cupertino, CA 95014
TITLE	VPS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, MICHAEL H.	3.2 NAME	
STREET ADDRESS	2550 GARCIA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DOERR, JOHN L.	4.2 NAME	
STREET ADDRESS	4 EMBARACADERO CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LONG, ROBERT L.	5.2 NAME	
STREET ADDRESS	220 GLENGARRY AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	OSHMAN, KENNETH	6.2 NAME	800002171858
STREET ADDRESS	4015 MIRANDA AVENUE	6.3 STREET ADDRESS	-05/08/97--01122--010
CITY-ST-ZIP	PALA ALTO CA	6.4 CITY-ST-ZIP	***165.00

RLB 5-6-97

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED **Michael H. Morris, VP & Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 Date

415-336-7659 Daytime Phone #