FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P16782** (5)

1. Corporation Name
SUN MICROSYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O NATIONSBANK OF GEORGIA P.O. BOX 198330 ATLANTA GA 30384-8330	2550 GARCIA AVENUE MS PAL01-521 MOUNTAIN VIEW CA 94043 US

3. Date Incorporated or Qualified: 11/12/1987

2. Principal Place of Business 21	2a. Mailing Address 26 901 San Antonio Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Palo Alto, CA 94303
Zip 24 / Country 25	Zip 29 / Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MCNEALY, SCOTT		1.2 NAME	
STREET ADDRESS	2550 GARCIA AVENUE		1.3 STREET ADDRESS	901 San Antonio Road
CITY-ST-ZIP	MOUNTAIN VIEW CA		1.4 CITY-ST-ZIP	Palo Alto, CA 94303
TITLE	CFO	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	LEHMAN, MICHAEL		2.2 NAME	
STREET ADDRESS	2550 GARCIA AVENUE		2.3 STREET ADDRESS	901 San Antonio Road
CITY-ST-ZIP	MOUNTAIN VIEW CA		2.4 CITY-ST-ZIP	Palo Alto, CA 94303
TITLE	VPS	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	MORRIS, MICHAEL H.		3.2 NAME	
STREET ADDRESS	2550 GARCIA AVE.		3.3 STREET ADDRESS	901 San Antonio Road
CITY-ST-ZIP	MOUNTAIN VIEW CA		3.4 CITY-ST-ZIP	Palo Alto, CA 94303
TITLE	D	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	DOERR, JOHN L.		4.2 NAME	
STREET ADDRESS	4 EMBARACADERO CENTER		4.3 STREET ADDRESS	901 San Antonio Road
CITY-ST-ZIP	SAN FRANCISCO CA		4.4 CITY-ST-ZIP	Palo Alto, CA 94303
TITLE	D	☐ DELETE	5.1 TITLE	☑ Change ☐ Addition
NAME	LONG, ROBERT L.		5.2 NAME	
STREET ADDRESS	220 GLENGARRY AVE.		5.3 STREET ADDRESS	901 San Antonio Road
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		5.4 CITY-ST-ZIP	Palo Alto, CA 94303
TITLE	D	☐ DELETE	6.1 TITLE	☑ Change ☐ Addition
NAME	OSHMAN, KENNETH		6.2 NAME	
STREET ADDRESS	4015 MIRANDA AVENUE		6.3 STREET ADDRESS	901 San Antonio Road
CITY-ST-ZIP	PALA ALTO CA		6.4 CITY-ST-ZIP	Palo Alto, CA 94303

CR2E034 (10/97)

14. 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 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 REQ Michael H. Morris, Secretary 1/7/98