

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **P27092 (6)**  
1. Corporation Name  
**SILICON GRAPHICS, INC.**



Principal Place of Business: **2011 N. SHORELINE BLVD. POST-OFFICE BOX 7011 MOUNTAIN VIEW CA 94040-1000 US**  
Mailing Address: **2011 N. SHORELINE BLVD. POST-OFFICE BOX 7011 MOUNTAIN VIEW CA 94040-1000 US**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** **94040-1000** **25** Country  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** **Tax Dept. Mail stop 655** **28** City & State **29** **94040-1000** **30** Country

3. Date Incorporated or Qualified: **11/29/1989** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **94-2789662** 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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

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 607.1506, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MCCRACKEN, EDWARD	
STREET ADDRESS	2011 N. SHORELINE BLVD.	
CITY - ST - ZIP	MOUNTAIN VIEW CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MERESMAN, STANLEY	
STREET ADDRESS	2011 N. SHORELINE BLVD.	
CITY - ST - ZIP	MOUNTAIN VIEW CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JERMOLUK, THOMAS	
STREET ADDRESS	2011 N. SHORELINE BLVD.	
CITY - ST - ZIP	MOUNTAIN VIEW CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCBRIDE, DENNIS P.	
STREET ADDRESS	2011 N. SHORELINE BLVD.	
CITY - ST - ZIP	MOUNTAIN VIEW CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KELLY, WILLIAM	
STREET ADDRESS	2011 N. SHORELINE BLVD.	
CITY - ST - ZIP	MOUNTAIN VIEW CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACONSON, ALLEN F.	
STREET ADDRESS	2011 N. SHORELINE BLVD.	
CITY - ST - ZIP	MOUNTAIN VIEW CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William M. Kelly* **William M. Kelly** **4/29/96** **(415) 930-5032**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (City and State)

CR2E034 (12/95)