

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27092** (6)
 1. Corporation Name
SILICON GRAPHICS, INC.



Principal Place of Business 2011 N. SHORELINE BLVD. POST OFFICE BOX 7311 MOUNTAIN VIEW CA 94143-1389 US	Mailing Address 2011 N. SHORELINE BLVD TAX DEPT MAIL STOP 655 MOUNTAIN VIEW CA 94043-1389 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/29/1989

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 94-2789662	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
g. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name	10. Name and Address of New Registered Agent	
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRACKEN, EDWARD	1.2 NAME	
STREET ADDRESS	2011 N. SHORELINE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERESMAN, STANLEY	2.2 NAME	Robert H. Ewald
STREET ADDRESS	2011 N. SHORELINE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTMARSH, ROBERT W	3.2 NAME	
STREET ADDRESS	2011 NO SHORELINE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW VA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, DENNIS P.	4.2 NAME	
STREET ADDRESS	2011 N. SHORELINE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, WILLIAM	5.2 NAME	
STREET ADDRESS	2011 N. SHORELINE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEON, ALLEN F	6.2 NAME	
STREET ADDRESS	2011 N. SHORELINE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 1/19/98 (650)933-8267

CR2E034 (10/97)