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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P27092**

1. Corporation Name

SILICON GRAPHICS, INC.

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Mar 0	1, 1999	8:00 am
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03-01-1999 90226 014 ***150.00



Principal Place of Business Mailing Address		Ap No	
POST OFFICE BOX 7311 MOUNTAIN VIEW CA 94143-1389 US 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. 1 AX DEPT MAIL STOP 655 MOUNTAIN VIEW CA 94043-1389 US 3. Date Incorporated or Qualifed 11/29/1989 4. FEI Number 94-2789662 Suite, Apt. #, etc. 5. Certificate of Status Desired	d	Ap No	
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22) I '	Fee Re	
City & State 6,-Election Campaign Financing		\$5.00	-May-Be
23 28 Trust Fund Contribution		Added t	
Zip Country Zip Country 8. This corporation owes the cur	rrent vear Intangib	ble-	
24 25 29 30 Personal Property Tax.	₽ Y		□No
9. Name and Address of Current Registered Agent 10. Name and Address of New	Registered Agen	nt	
81 Name			
CORPORATION SERVICE COMPANY	1.1.1.		
1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Accept	table)		
TALLAHASSEE FL 32301-2525			
	,		
84 City	FL 85	5 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		naina its	registered
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. I hereby acce	ept the appointmen	ent as re	gistered
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		
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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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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, with all other like empowered.

SIGNATURE: