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Secretary of State

03-01-1999 90226 014 ***150.00

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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.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 11/29/1989

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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<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	EWALD, ROBERT H	
STREET ADDRESS	2011 N. SHORELINE BLVD.	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SALTMARSH, ROBERT W	
STREET ADDRESS	2011 NO SHORELINE BLVD.	
CITY-ST-ZIP	MOUNTAIN VIEW VA	
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	JACOBSEON, ALLEN F	
STREET ADDRESS	2011 N. SHORELINE BLVD.	
CITY-ST-ZIP	MOUNTAIN VIEW CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD BELLUZZO	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KENNETH COLSMAN	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Robert W. Marsh</i>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STEVEN J. GOMO	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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, with all other like empowered.

SIGNATURE: *Robert Saltmarsh* REQUIRED **ROBERT SALTMARSH VP/TREASURER 1/15/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)