

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90002 037 \*\*\*150.00

**DOCUMENT # P27092**

1. Entity Name  
**SILICON GRAPHICS, INC.**

Principal Place of Business <b>1600 AMPITHEATRE PKWY          MOUNTAIN VIEW CA 94043-1351          US</b>	Mailing Address <b>1600 AMPITHEATRE PKWY          TAX DEPT MAIL STOP 655          MOUNTAIN VIEW CA 94043-1351          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **94-2789662** Applied For   
 Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PC</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BISHOP, ROBERT</b>		NAME	
STREET ADDRESS <b>2011 N. SHORELINE BLVD. 1600 AMPITHEATRE PKWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MOUNTAIN VIEW CA MOUNTAIN VIEW CA 94043</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COLEMAN, KENNETH</b>		NAME	
STREET ADDRESS <b>2011 N. SHORELINE BLVD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MOUNTAIN VIEW CA</b>		CITY-ST-ZIP	
TITLE <b>VT</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BRYCK, CATHRYN</b>		NAME <b>JEAN FURTER</b>	
STREET ADDRESS <b>2011 NO SHORELINE BLVD.</b>		STREET ADDRESS <b>1600 AMPITHEATRE PKWY</b>	
CITY-ST-ZIP <b>MOUNTAIN VIEW VA</b>		CITY-ST-ZIP <b>MOUNTAIN VIEW, CA 94043</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RAFAEL, BETSY</b>		NAME <b>VP &amp; CORPORATE CONTROLLER</b>	
STREET ADDRESS <b>2011 N. SHORELINE BLVD.</b>		STREET ADDRESS <b>JEFF ZELMER</b>	
CITY-ST-ZIP <b>MOUNTAIN VIEW CA</b>		CITY-ST-ZIP <b>1600 AMPITHEATRE PKWY</b>	
TITLE <b>VS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESCHER, SANDRA</b>		NAME	
STREET ADDRESS <b>2011 N. SHORELINE BLVD. 1600 AMPITHEATRE PKWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MOUNTAIN VIEW CA MOUNTAIN VIEW CA 94043</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JACOBSEON, ALLEN F</b>		NAME <b>DIRECTOR</b>	
STREET ADDRESS <b>2011 N. SHORELINE BLVD.</b>		STREET ADDRESS <b>JAMES A. McDIVITT</b>	
CITY-ST-ZIP <b>MOUNTAIN VIEW CA</b>		CITY-ST-ZIP <b>1600 AMPITHEATRE PKWY</b>	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JEAN FURTER**

APR 29 2001

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

CR2E034 (10/00)