

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90077 012 ***150.00

DOCUMENT # P27092
 1. Entity Name :-
SILICON GRAPHICS, INC.

Principal Place of Business Mailing Address
1600 AMPITHEATRE PKWY **1600 AMPITHEATRE PKWY**
MOUNTAIN VIEW CA 94043-1351 **TAX DEPT MAIL STOP 655**
US **MOUNTAIN VIEW CA 94043-1351**
US

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

4. FEI Number Applied For
94-2789662 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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

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, 2002 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	BISHOP, ROBERT	
STREET ADDRESS	1600 AMPITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FURTHER, JEAN	
STREET ADDRESS	1600 AMPITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	
TITLE	VPCC	<input type="checkbox"/> Delete
NAME	ZELLMER, JEFF	
STREET ADDRESS	1600 AMPITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ESCHER, SANDRA	
STREET ADDRESS	1600 AMPITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDIVITT, JAMES A	
STREET ADDRESS	1600 AMPITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **NOTARIAL SIGNATURE REQUIRED** Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)