

# 2002 UNIFORM BUSINESS REPORT (UBR)

0629485 AT

DOCUMENT # F00000003146

1. Entity Name

SUN MICROSYSTEMS FEDERAL, INC.

FILED

02 APR 23 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

901 SAN ANTONIO ROAD  
PALO ALTO CA 94303-4900

Mailing Address

901 SAN ANTONIO RD., ATTN: DEBRA MCMANAMAN  
M/S PAL01-521  
PALO ALTO CA 94022



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

77-0059749

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

800005482448--9

-05/07/02--01097--009

City

\*\*\*150.00 PL \*\*\*150.00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME MARSELLE, JOHN E  
STREET ADDRESS 901 SAN ANTONIO ROAD  
CITY-ST-ZIP PALO ALTO CA 94303-4900

TITLE President ☒ Change ☐ Addition  
NAME Marselle, John  
STREET ADDRESS 901 San Antonio Rd  
CITY-ST-ZIP Palo Alto CA 94303

TITLE VCFO ☒ Delete  
NAME LEHMAN, MICHAEL E  
STREET ADDRESS 901 SAN ANTONIO ROAD  
CITY-ST-ZIP PALO ALTO CA 94303-4900

TITLE V/CFD/D ☒ Change ☐ Addition  
NAME Lehman, Michael E.  
STREET ADDRESS 901 San Antonio Road  
CITY-ST-ZIP Palo Alto CA 94303

TITLE S ☒ Delete  
NAME BOFINGER, CHARLENE  
STREET ADDRESS 901 SAN ANTONIO ROAD  
CITY-ST-ZIP PALO ALTO CA 94303-4900

TITLE VP/S/D ☐ Change ☒ Addition  
NAME CROLL, JOHN D.  
STREET ADDRESS 901 San Antonio Road  
CITY-ST-ZIP Palo Alto CA 94303

TITLE AS ☒ Delete  
NAME MORRIS, MICHAEL H  
STREET ADDRESS 901 SAN ANTONIO ROAD  
CITY-ST-ZIP PALO ALTO CA 94303-4900

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MCNEALY, SCOTT G  
STREET ADDRESS 901 SAN ANTONIO ROAD  
CITY-ST-ZIP PALO ALTO CA 94303-4900

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME JOSEPH A  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition  
NAME JOSEPH A KJ JEWski  
STREET ADDRESS 901 San Antonio Road  
CITY-ST-ZIP Palo Alto, CA 94303

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: Michael E. Lehman - VP, CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 650.336-0702  
Date Daytime Phone #

CR2E034 (9/01)