
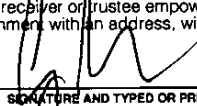


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90072 043 ***150.00

DOCUMENT # F00000003146					
1. Entity Name SUN MICROSYSTEMS FEDERAL, INC.					
Principal Place of Business 4150 NETWORK CIRCLE SANTA CLARA, CA 95054			Mailing Address 4150 NETWORK CIRCLE M/S 56A 12-202 SANTA CLARA, CA 95054		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 10 NETWORK CIRCLE		
Suite, Apt. #, etc.			Suite, Apt. #, etc. M/S: WMPK 10-147		
City & State			City & State MENLO PARK, CA		
Zip	Country	Zip	Country		
		94025	USA		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSELLE, JOHN		NAME	PLEASE SEE ATTACHMENT	
STREET ADDRESS	4150 NETWORK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA, CA 95054		CITY-ST-ZIP		
TITLE	DVPS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, BRIAN M		NAME		
STREET ADDRESS	4150 NETWORK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA, CA 95054		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASTERS, CLARK H		NAME		
STREET ADDRESS	4150 NETWORK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA, CA 95054		CITY-ST-ZIP		
TITLE	ASST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIERS, MICHAEL		NAME		
STREET ADDRESS	4150 NETWORK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA, CA 95054		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			CRAIG NORRIS, 3/20/07 (650) 960-1300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
ASSISTANT SECRETARY					

40091600



03062007 Chg-P CR2E034 (12/06)

4. FEI Number
77-0059749

Applied For
Not Applicable

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

FL

Zip Code

ATTACHMENT
40041656
F00000003146
SUN MICROSYSTEMS FEDERAL, INC.
DIRECTORS AND OFFICERS

Addendum A

Directors:

Scott G. McNealy
4150 Network Circle
Santa Clara, CA 95054

Michael A. Dillon
4150 Network Circle
Santa Clara, CA 95054

Roger Roberts
4150 Network Circle
Santa Clara, CA 95054

William Vass
4150 Network Circle
Santa Clara, CA 95054

Tim Lieto
4150 Network Circle
Santa Clara, CA 95054

Officers:

William Vass
President and Chief Executive Officer
4150 Network Circle
Santa Clara, CA 95054

Michael A. Dillon
Vice President and Secretary
4150 Network Circle
Santa Clara, CA 95054

Ron Pasek
Vice President, Finance
4150 Network Circle
Santa Clara, CA 95054


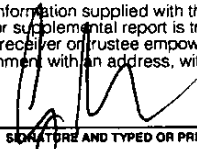
Anthony Robbins
Vice President, Sales
4150 Network Circle
Santa Clara, CA 95054

Michael E. Briers
Assistant Secretary
4150 Network Circle
Santa Clara, CA 95054

Craig D. Norris
Assistant Secretary
4150 Network Circle
Santa Clara, CA 95054

Steven W. Dietz
Assistant Secretary
4150 Network Circle
Santa Clara, CA 95054

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City & State				City & State MENLO PARK, CA			
Zip		Country		Zip 94025		Country USA	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code			
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARSELLE, JOHN 4150 NETWORK CIRCLE SANTA CLARA, CA 95054 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHMENT <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MARTIN, BRIAN M 4150 NETWORK CIRCLE SANTA CLARA, CA 95054 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASTERS, CLARK H 4150 NETWORK CIRCLE SANTA CLARA, CA 95054 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST BRIERS, MICHAEL 4150 NETWORK CIRCLE SANTA CLARA, CA 95054 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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SIGNATURE:  CRAIG NORRIS, 3/20/07 (650) 960-1300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

ASSISTANT SECRETARY