

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90207 023 \*\*\*150.00

**DOCUMENT # F99000006725**

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



Principal Place of Business  
**12200-G PLUM ORCHARD DRIVE  
SILVER SPRING MD 20914**

Mailing Address  
**1600 AMPITHEATRE OKWY  
MS 655  
MOUNTAIN VIEW CA 94043**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4319364**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Delete
NAME	ROBBINS, ANTHONY	
STREET ADDRESS	12200-G PLUM ORCHARD DRIVE	
CITY-ST-ZIP	SILVER SPRING MD 20914	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEISENBORNE, SHERRY	
STREET ADDRESS	12200-G PLUM ORCHARD DRIVE	
CITY-ST-ZIP	SILVER SPRING MD 20914	
TITLE	FSO	<input type="checkbox"/> Delete
NAME	LIMON, GARY --	
STREET ADDRESS	12200-G PLUM ORCHARD DRIVE	
CITY-ST-ZIP	SILVER SPRING MD 20914	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, KEN	
STREET ADDRESS	12200-G PLUM ORCHARD DRIVE	
CITY-ST-ZIP	SILVER SPRING MD 20914	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDIVITT, JAMES	
STREET ADDRESS	12200-G PLUM ORCHARD DRIVE	
CITY-ST-ZIP	SILVER SPRING MD 20914	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZELLMER, JEFF	
STREET ADDRESS	1600 AMPITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL CRAIG	
STREET ADDRESS	12200-G PLUM ORCHARD DRIVE	
CITY-ST-ZIP	SILVER SPRINGS, MD 20914	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY FUCHIGAMI	
STREET ADDRESS	12200-G PLUM ORCHARD DRIVE	
CITY-ST-ZIP	SILVER SPRINGS, MD 20914	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR MONEY	
STREET ADDRESS	12200-G PLUM ORCHARD DRIVE	
CITY-ST-ZIP	SILVER SPRINGS, MD 20914	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)