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May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06486 (5)  
1. Corporation Name  
CRAY RESEARCH, INC.



Principal Place of Business: 655A LONE OAK DR, EAGAN MN 55121, US  
Mailing Address: 655F LONE OAK DRIVE, EAGAN MN 55121-1580, US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	2011 W. Shoreline Blvd. MS 655	06/19/1985	04/03/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
				39-1161138	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Mountain View CA		Mountain View CA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
94043	USA	94043	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81. Name	i		
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, ANDREW	1.2 NAME	Robert H. Ewald OFFICER
STREET ADDRESS	1941 PENN AVE S.	1.3 STREET ADDRESS	655 Lone Oak Drive
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	Eagan MN 55121
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	John L. Sullivan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GACKI, WILLIAM L.	2.2 NAME	General Counsel/Corporate Secretary OFFICER
STREET ADDRESS	1440 NORTHLAND DRIVE	2.3 STREET ADDRESS	655 Lone Oak Drive
CITY-ST-ZIP	MENDOTA HEIGHTS MN	2.4 CITY-ST-ZIP	Eagan MN 55121
TITLE	EVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Steven E. Snyder Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EATON, LAWRENCE E	3.2 NAME	655 Lone Oak Drive OFFICER
STREET ADDRESS	33 EAGLE RIDGE RD	3.3 STREET ADDRESS	Eagan MN 55121
CITY-ST-ZIP	ST. PAUL MN	3.4 CITY-ST-ZIP	
TITLE	VCF <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEASLEY, PHILIP G	4.2 NAME	Steven D. VanHee OFFICER
STREET ADDRESS	18085 BREEZY POINT ROAD	4.3 STREET ADDRESS	655 Lone Oak Drive
CITY-ST-ZIP	WOODLAND MN	4.4 CITY-ST-ZIP	Eagan MN 55121
TITLE	EVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, ROBERT G	5.2 NAME	William M. Kelly Director OFFICER
STREET ADDRESS	37 MUIRFIELD LANE	5.3 STREET ADDRESS	2011 W. Shoreline Blvd.
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	Mountain View CA 94043
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAPKA, CATHERINE M	6.2 NAME	Robert W. Saltmarsh Director OFFICER
STREET ADDRESS	1801 CALIFORNIA ST ROOM 4540	6.3 STREET ADDRESS	2011 W. Shoreline Blvd.
CITY-ST-ZIP	DENVER CO	6.4 CITY-ST-ZIP	Mountain View CA 94043

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED: \_\_\_\_\_ 4.20.97 (415) 933-8263

CR2E034 (9/96)