


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P06486 (5)</b>					
1. Corporation Name <b>CRAY RESEARCH, INC.</b>					
Principal Place of Business <b>655A LONE OAK DR EAGAN MN 55121 US</b>			Mailing Address <b>2011 N SHORELINE BLVD MS 655 MOUNTAIN VIEW CA 94043 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/19/1985</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>39-1161138</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code <b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> DELETE					
1.2 NAME <b>WALD, ROBERT H</b>					
1.3 STREET ADDRESS <b>655 LONE OAK DR</b>					
1.4 CITY-ST-ZIP <b>EAGAN MN</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>SULLIVAN, JOHN L</b>					
2.3 STREET ADDRESS <b>655 LONE OAK DR</b>					
2.4 CITY-ST-ZIP <b>EAGAN MN</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME <b>SNYDER, STEVEN E</b>					
3.3 STREET ADDRESS <b>655 LONE OAK DR</b>					
3.4 CITY-ST-ZIP <b>EAGAN MN</b>					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME <b>VANHEE, STEVEN D</b>					
4.3 STREET ADDRESS <b>655 LONE OAK DR</b>					
4.4 CITY-ST-ZIP <b>EAGAN MN</b>					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME <b>KELLY, WILLIAM M</b>					
5.3 STREET ADDRESS <b>2011 N SHORELINE BLVD</b>					
5.4 CITY-ST-ZIP <b>ST LOUIS MO</b>					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME <b>SALTMARSH, ROBERT W</b>					
6.3 STREET ADDRESS <b>2011 N SHORELINE BLVD</b>					
6.4 CITY-ST-ZIP <b>MOUNTAIN VIEW CA</b>					



DO NOT WRITE IN THIS SPACE

SIGNATURE: \_\_\_\_\_

REQUIRED

7/9/98

(650) 933-8267

CR2E034 (5/98)