


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90009 020 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P06486**

1. Corporation Name  
**CRAY RESEARCH, INC.**

Principal Place of Business 655A LONE OAK DR EAGAN MN 55121 US	Mailing Address 2011 N SHORELINE BLVD MS 655 MOUNTAIN VIEW CA 94043 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified <b>06/19/1985</b>	
4. FEI Number <b>39-1161138</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>CBCE</b> <input type="checkbox"/> DELETE
NAME	<b>BELLUZO, RICHARD</b>
STREET ADDRESS	<b>2011 N SHORLINE BLVD</b>
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA 94043</b>
TITLE	<b>GCS</b> <input type="checkbox"/> DELETE
NAME	<b>SULLIVAN, JOHN L</b>
STREET ADDRESS	<b>655 LONE OAK DR</b>
CITY-ST-ZIP	<b>EAGAN MN</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>SNYDER, STEVEN E</b>
STREET ADDRESS	<b>655 LONE OAK DR</b>
CITY-ST-ZIP	<b>EAGAN MN</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>VANHEE, STEVEN D</b>
STREET ADDRESS	<b>655 LONE OAK DR</b>
CITY-ST-ZIP	<b>EAGAN MN</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>KELLY, WILLIAM M</b>
STREET ADDRESS	<b>2011 N SHORELINE BLVD</b>
CITY-ST-ZIP	<b>ST LOUIS MO</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>SALTMARSH, ROBERT W</b>
STREET ADDRESS	<b>2011 N SHORELINE BLVD</b>
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_ Date: **7/13/99** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)