

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27092

1. Entity Name

SILICON GRAPHICS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90002 037 ***150.00

Principal Place of Business
1600 AMPITHEATRE PKWY
MOUNTAIN VIEW CA 94043-1351
US

Mailing Address
1600 AMPITHEATRE PKWY
TAX DEPT MAIL STOP 655
MOUNTAIN VIEW CA 94043-1351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-2789662**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
BISHOP, ROBERT
~~2011 N. SHORELINE BLVD.~~ 1600 AMPITHEATRE PKWY
MOUNTAIN VIEW CA MOUNTAIN VIEW CA 94043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
COLEMAN, KENNETH
2011 N. SHORELINE BLVD.
MOUNTAIN VIEW CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
BRYCK, CATHRYN
2011 NO SHORELINE BLVD.
MOUNTAIN VIEW VA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
JEAN FURTER
1600 AMPITHEATRE PKWY
MOUNTAIN VIEW, CA 94043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RAFAEL, BETSY
2011 N. SHORELINE BLVD.
MOUNTAIN VIEW CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP & CORPORATE CONTROLLER
JEFF ZELMER
1600 AMPITHEATRE PKWY
MOUNTAIN VIEW, CA 94043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
ESCHER, SANDRA
~~2011 N. SHORELINE BLVD.~~ 1600 AMPITHEATRE PKWY
MOUNTAIN VIEW CA MOUNTAIN VIEW CA 94043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACOBSEON, ALLEN F
2011 N. SHORELINE BLVD.
MOUNTAIN VIEW CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
JAMES A. McDIVITT
1600 AMPITHEATRE PKWY
MOUNTAIN VIEW CA 94043

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24 2001

Date

Daytime Phone #

CR2E034 (10/00)