2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P27092** 1. Entity Name SILICON GRAPHICS, INC. 05-14-2001 90002 037 ***150.00 Principal Place of Business Mailing Address 1600 AMPITHEATRE PKWY 1600 AMPITHEATRE PKWY MOUNTAIN VIEW CA 94043-1351 TAX DEPT MAIL STOP 655 MOUNTAIN VIEW CA 94043-1351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 8. 1 TIT NA STI CIT TIT NA STI CII TIT NA STE CIT

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



City & Stat	te	City 8	City & State			4. FE	et Number 94-2789662		<u> </u>	plied For t Applicable	
Zip	معومة العاداتي	Country	Zip		Coun	itry	_ 5. C	ertificate of Status Desired.		B.75 Add	itional
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
CORPORATION SERVICE COMPANY											
1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525						-					
						City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	9
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 registere	d agent and title if anolic	able (NO	F Benistere	sistered Agent signature required when reinstating) DATE					
·-··	agnature, typec	or printed rights or registere	t to the transfer	. 1	, registero		1	ottaining)			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!						IS \$150.00	ĺ	10. Election Campaign Finan	cina	\$5.00	May Be
Tax filing requirement and elects to do so. After MAY 1, 200								Trust Fund Contribution.			to Fees
(See criteria on back) Make Check Payable						epartment of S					
11.		OFFICERS	AND DIRECTOR	S	12.		ADD	ITIONS/CHANGES TO OFFICE	RS AND D	RECTORS	S IN 11
TITLE	PC			Delete '	TITLE					_ Change	☐ Addition
NAME	BISHOP, F	ROBERT	It on he id	والمحادث	PL NAM	E					j
STREET ADDRESS		HORELINE BLVD.									
CITY-ST-ZIP		N VIEW CA MC	1 MANNU	16W CA 94	OH S CITY	-ST-ZIP					
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STREET ADDRESS		Horeline BlvD.				ET ADDRESS					
CITY-ST-ZIP		N-VIEW CA		<u> </u>	CITY	-ST-ZIP					
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NAME	BRYCK, C				NAM		Jean	FURTER ,) <u>.</u> .		
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NAME	RAFAEL, E				NAM	E	<i>JEFF</i>	ZELLMER AMAITHEATKE	D		
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		N VIEW CA			_		400 <u>27</u>	AIN VIEW, CA	9401		
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NAME CTREET ADDRESS	ESCHER,	Sandka Horeline Blvd:	Ihan au.	Purcus Plan	NAMI CTDC						[
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TITLE	NCOBSE(OM ALLEN E		🔀 Delete	TITLE		RECTO			_ Change	☐ Addition ☐
NAME PERFECT ADDRESS		ON, ALLEN F			NAME		AMES	A · MCDIVITT	- O.		
STREET ADDRESS CITY-ST-ZIP		HORELINE BLVD.						AMPHITHE ATK	o PK		
	MOUNTAIN		d with this file.				JOUNT		440		
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: JEAN FURTER 4PR 24 2001											
SIGNATORS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											