## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

**Vice President** 

SIGNATURE:

## Aug 23, 2004 8:00 am Secretary of State DOCUMENT # P27092 1. Entity Name 08-23-2004 90025 047 \*\*\*550 00 SILICON GRAPHICS, INC. Principal Place of Business Mailing Address 1600 AMPITHEATRE PKWY TAX DEPT MAIL STOP 655 MOUNTAIN VIEW CA 94043-1351 1600 AMPITHEATRE PKWY IUUTTO 1 MOUNTAIN VIEW CA 94043-1351 2. Principal Place of Business 3. Mailing Address 1500 CRITTENDEN 1500 CRITTENDEN, MS 131 Suite, Apt. #, etc. CR2E034 (4/04) MOUNTAIN VIEW City & State MOUNTAIN VIEW 4. FEI Number Applied For 94-2789662 Not Applicable Zip 94043 \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PÇ TITLE ☐ Delete TITLE ☐ Change ☐ Addition BISHOP, ROBERT NAME NAME 1600 AMPHITHEATRE PKWY STREET ADDRESS STREET ADDRESS MOUNTAIN VIEW CA 94043 CITY-ST-7IP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change Addition FURTHER, JEAN NAME NAME 1600 AMPHITHEATRE PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOUNTAIN VIEW CA 94043 CITY-ST-78P TITLE **VPCC** Delete TITLE ☐ Change ☐ Addition NAME ZELLMER, JEFF NAME STREET ADDRESS 1600 AMPHITHEATRE PKWY STREET ADDRESS CITY-ST-ZIP MOUNTAIN VIEW CA 94043 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ESCHER, SANDRA 1600 AMPHITHEATRE PKWY STREET ADDRESS STREET ADDRESS MOUNTAIN: VIEW CA 94043 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MCDIVITT, JAMES A NAME NAME 1600 AMPHITHEATRE PKWY STREET ADDRESS STREET ADDRESS MOUNTAIN VIEW CA 94043 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of the corporati

OFFICER OR DIRECTOR

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Daytime Phone #