

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 7:55

DOCUMENT # **V21119** (5)

1. Corporation Name

SILICON DYNAMICS, INC.

Principal Place of Business

**5974 ALBERT RD
WEST PALM BEACH FL 33415**

Mailing Address

**5974 ALBERT RD
WEST PALM BEACH FL 33415**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/13/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0332327

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Subd. Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Subd. Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**SCANZANO, EDWARD A.
5974 ALBERT RD
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

SIGNATURE

Signature of Registered Agent (if registered agent is not the same as the corporation's officer or director)

Signature of Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSD
SCANZANO, EDWARD A.
5974 ALBERT RD
WEST PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VTD
SCANZANO, GLORIA
5974 ALBERT RD
WEST PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information included 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. I attach attachment with an address.

SIGNATURE:

Gloria H. Scanzano
GLORIA H. SCANZANO

SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

3-5-95

407-968-1599

Date

Telephone No.