FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # V21119

1. Corporation Name

SILICON DYNAMICS, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90017 042 ***150.00



Principal Place	of Business	Mailing Address					.,
5974 ALBERT RD 5974 ALBERT RD WEST PALM BEACH FL 33415 WEST PALM BEACH FL 3341			i		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					03/13/1992		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26			65-0332327	Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
22		27					
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible			
23		Zip Country					
Zip Country		— — — —	¬ ~ ~ ~ ~ ~		Personal Property Tax.		
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
	9. Name and Address of Curre	III Registered Agent	81	Name		_	
SCANZANO, EDWARD A.			-	Ctront Add	ddress (P.O. Box Number is Not Acceptable)		
	ALBERT RD		82	Street Add	iless (F.O. Box Number is Not Nocopiosic)		
	T PALM BEACH FL 33415		83				
			84	Cit.		. 85 Z	ip Code
			1	1	<u>_</u> F	L	·
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	pations of, Section 607.0505, Florida S	Statutes	S.	poration submits this statement for the purpose ion's board of directors. I hereby accept the appeared when reinstating)		
	Signature, typed or printed name of registered as	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
12.	PSD		.1 TITLE			☐ Chan	
NAME	SCANZANO, EDWARD A.	1	.2 NAME				Ì
STREET ADDRESS	5974 ALBERT RD	1	.3 STREE	TADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL	1	.4 CITY-S	ST-ZIP			D Addition
TITLE	VTD	☐ DELETE 2	.1 TITLE			Chan	ge
NAME	SCANZANO, GLORIA	2	2.2 NAME				
STREET ADDRESS	5974 ALBERT RD	2	2.3 STREE	ET ADDRESS			
CITT-ST-ZIP	WEST-PALM-BEACH-FL 2.4		2. 4 CITY-			☐ Chan	ge Addition
TITLE		_	3.1 TITLE			C) Orian	
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS		•	
CITY-ST-ZIP			3.4. CITY-			☐ Chan	ige Addition
TITLE		_	4.1 TITLE		•	_	_
NAME			4. 2 NAME	ET ADDRESS			ļ
STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY- 5.1 TITLE			Char	nge Addition
TITLE			5.2 NAME				
NAME OTREET APPRIESS				ET ADDRESS	•		
STREET ADDRESS		•	5.4 CITY-		•		
CITY-ST-ZIP	<u> </u>		6.1 TITLE			Char	nge
NAME		=-	6.2 NAME	:			j
			6.3 STRE	ET ADDRESS	·		
January Addition	.						i i

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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: