

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 847263 (1)
1. Corporation Name
AVNET, INC.



Principal Place of Business
80 CUTTER MILL RD.
GREAT NECK, NY. 11021

Mailing Address
80 CUTTER MILL RD.
GREAT NECK, NY. 11021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-1890605	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and title, if not applicable) (NOTE - Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCI	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHIZ, LEON	1.2 NAME	
STREET ADDRESS	80 CUTTER MILL RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	GREAT NECK, NY.	1.4 CITY - ST - ZIP	
TITLE	VCA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADOWSKI, RAYMOND	2.2 NAME	
STREET ADDRESS	80 CUTTER MILL RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	GREAT NECK, NY.	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGONER, STEPHANIE	3.2 NAME	
STREET ADDRESS	80 CUTTER MILL RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREAT NECK, NY.	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERLIHY, SYLVESTER D.	4.2 NAME	
STREET ADDRESS	80 CUTTER MILL RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	GREAT NECK, NY.	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRK, DAVID R.	5.2 NAME	
STREET ADDRESS	80 CUTTER MILL RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	GREAT NECK, NY.	5.4 CITY - ST - ZIP	
TITLE	VCP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLEE, ROY	6.2 NAME	
STREET ADDRESS	2617 S 46 ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	PHOENIX AZ	6.4 CITY - ST - ZIP	

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 changed, or on an attachment with an address.

CP2E034 (10/97)