

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000000691

1. Entity Name
SYSTEMAX COMPUTERS, INC.



Principal Place of Business
**11 HARBOR PARK DRIVE
 PORT WASHINGTON, NY 11050**

Mailing Address
**11 HARBOR PARK DRIVE
 PORT WASHINGTON, NY 11050**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3262067

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LEEDS, RICHARD
STREET ADDRESS	11 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	PD
NAME	LEEDS, ROBERT
STREET ADDRESS	11 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	PD
NAME	LEEDS, BRUCE
STREET ADDRESS	11 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	V
NAME	GOLDSCHN, STEVEN
STREET ADDRESS	11 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	V
NAME	SPEILLER, MICHAEL
STREET ADDRESS	11 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000397383
 01/30/06-80045-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Speiller **MICHAEL SPEILLER** 1/13/06 516-608-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #