2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000001869

Address:

City-St-Zip:

Entity Name: SUNBELT SOFTWARE DISTRIBUTION, INC.

Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 101 N GARDEN AVE SUITE 120 CLEARWATER, FL 33755 US **New Mailing Address: Current Mailing Address:** 101 N GARDEN AVE SUITE 120 CLEARWATER, FL 33755 US FEI Number: 59-3322207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOBSON, RICHARD A 501 E. KENNEDY BLVD. **SUITE 1700** TAMPA, FL 33602 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFOC () Delete Title: () Change () Addition Name: MURCIANO, JO Name: 116-118 AVE. PAUL DOUMER, 92563 RUEIL-MAL. Address: Address: City-St-Zip: PARIS, FRANCE, FR FR City-St-Zip: () Delete Title: **DPTS** Title: COO (X) Change () Addition SJOUWERMAN, STU Name: SJOUWERMAN, STU Name: 600 PINELAND AVE 600 PINELAND AVE Address: Address: BELLEAIR, FL 33756 BELLEAIR, FL 33756 City-St-Zip: City-St-Zip: Title: () Delete Title: **PRES** () Change (X) Addition ECKELBERRY, ALEX Name: Name: 668 SNUG ISLAND Address Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33767 Title: () Delete Title: TREA () Change (X) Addition GREEN, LAURIE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

200 4TH AVE S UNIT 327

ST PETERSBURG, FL 33701

SIGNATURE: LAURIE GREEN **CFO** 04/27/2004