2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # 832273 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name REXEL, INC. 04-10-2000 90038 012 ***150.00 Principal Place of Business Mailing Address 150 ALHAMBRA CIRCLE 150 ALHAMBRA CIRCLE SUITE 900 SHITE 900 CORAL GABLES FL 75240-6526 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 6700 LBJ Freeway 6700 LBJ Freeway DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 3200 Suite 3200 Applied For City & State 4. FEI Number City & State 13-1474527 Dallas, TX Dallas, TX Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired 75240 75240 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. K Change ☐ Addition ☐ Detete TITLE TITLE Guinchard, Gilles NAME GUINCHARD, GILLES P STREET ADDRESS STREET ADDRESS 6700 LBJ Freeway, Suite 3200 150 ALHAMBRA CIRCLE, SUITE 900 CITY-ST-ZIP CITY-ST-ZIP Dallas, TX 75240 CORAL GABLES FL ☐ Change X Addition X Delete TITLE NAME FULLERTON, JON O Altshuler, Jules NAME STREET ADDRESS STREET ADDRESS 150 ALHAMBRA CIRCLE, SUITE 900 6700 LBJ Freeway, Suite 3200 CITY-ST-7IP CITY-ST-ZIP **CORAL GABLES FL** Dallas, TX 75240 ☐ Change ☐ Addition **■**Delete TITLE TITLE GONOPOLSKY, ALLAN M. - -- -NAME NAME STREET ADDRESS 150 ALHAMBRA CIRCLE, SUITE 900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** X Change ■ Addition ☐ Delete VSD Tomasso, John TITLE AS TITLE TOMASSO, JOHN NAME NAME STREET ADDRESS 150 ALHAMBRA CIRCLE, SUITE 900 6700 LBJ Freeway, Suite 3200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dallas, TX 75240 **CORAL GABLES FL 33134** Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Tomasso

3/27/00

972-387-3600

Daytime Phone #

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