

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90467 022 ***150.00

DOCUMENT # F00000006981

1. Entity Name

BRIGHTPOINT LATIN AMERICA, INC



DO NOT WRITE IN THIS SPACE

24074177

2. Principal Place of Business
501 AIRTECH PARKWAY

Suite, Apt. #, etc.

3. Mailing Address
501 AIRTECH PARKWAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLAINFIELD, IN

City & State
PLAINFIELD, IN

4. FEI Number 35-2030501

Applied For
Not Applicable

Zip
46168

Country
US

Zip
46168

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City TALLAHASSEE

FL

Zip Code
32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEE ATTACHED DOCUMENTATION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT 24074177
F00000006981

DIRECTORS, OFFICERS REPORT
Brightpoint Latin America, Inc.

OFFICERS

	<u>TITLE</u>	<u>ADDRESS</u>
Frank Terence VCFT	Executive Vice President, Chief Financial Officer and Treasurer	600 E. 96th Street, Suite 575 Indianapolis, IN 46240

Steven E. Fivel VCGS	Executive Vice President, General Counsel and Secretary	600 E. 96th Street, Suite 575 Indianapolis, IN 46240
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J. Mark Howell PCOO	President and Chief Operating Officer	600 E. 96th Street, Suite 575 Indianapolis, IN 46240
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Robert J. Laikin CEO	Chairman of the Board and Chief Executive Officer	600 E. 96th Street, Suite 575 Indianapolis, IN 46240
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DIRECTORS

	<u>TITLE</u>	<u>ADDRESS</u>
Frank Terence	Executive Vice President, Chief Financial Officer and Treasurer	600 E. 96th Street, Suite 575 Indianapolis, IN 46240

Steven E. Fivel	Executive Vice President, General Counsel and Secretary	600 E. 96th Street, Suite 575 Indianapolis, IN 46240
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J. Mark Howell	President and Chief Operating Officer	600 E. 96th Street, Suite 575 Indianapolis, IN 46240
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Robert J. Laikin	Chairman of the Board and Chief Executive Officer	600 E. 96th Street, Suite 575 Indianapolis, IN 46240
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