

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 08, 2008 08:00 AM
Secretary of State**

DOCUMENT # F00000006981

1. Entity Name
BRIGHTPOINT LATIN AMERICA, INC.



Principal Place of Business
2601 METROPOLIS PKWY
#210
PLAINFIELD, IN 46168

Mailing Address
2601 METROPOLIS PKWY
#210
PLAINFIELD, IN 46168



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2030501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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

(NOTE: Registered Agent signature required when reinstating)

U000000950482

06/03/08-80070-013 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	FIVEL, STEVEN E
STREET ADDRESS	2601 METROPOLIS PKWY #210
CITY-ST-ZIP	PLAINFIELD, IN 46168

TITLE	D/P
NAME	HOWELL, J. MARK
STREET ADDRESS	2601 METROPOLIS PKWY #21
CITY-ST-ZIP	PLAINFIELD, IN 46168

TITLE	DCCO
NAME	LAIKIN, ROBERT J
STREET ADDRESS	2601 METROPOLIS PKWY #210
CITY-ST-ZIP	PLAINFIELD, IN 46168

TITLE	DCFO
NAME	BOOR, ANTHONY W
STREET ADDRESS	2601 METROPOLIS PKWY #210
CITY-ST-ZIP	PLAINFIELD, IN 46168

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #