2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State
01-26-2005 90013 037 ***150.00

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1. Entity Name
SYSTEMAX COMPUTERS, INC.

40006908

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

01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	GOLDSCHEIN, 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

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

SIGNATURE: _____ 1/21/05 516-608-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #