FILED Apr 08, 2004 8:00 am Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # F02000001938 1. Entity Name METRON TECHNOLOGY DISTRIBUTION CORPORATION						04-08-2004 90028 023 ***150.00			
Principal Place of Business Mailing Address				_			* O #H277		
4425 FORTRAN DRIVE SAN JOSE, CA 95134		4425 FORTRAN DRIVE San Jose, Ca 95134			94047377				
Principal Place of Business Address Address									
		Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number Applied For 77-0267793 Not Applicable		 -		
Zip	Country	Zip	Count	try		f Status Desired	□ \$8.75 A	dditional	
<u> </u>	6. Name and Address of Current Re	egistered Agent	·[·	Address of New R	Fee Requir	red	
			Name	7. 110:110 8110 7	TOUISS OF NEW F	egistered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
				City	_		FL Zip Co	de	
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									
The state of the s									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND DIRECTORS				ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE	CD	☐ Delete	TITLE				☐ Change	Addition /	
NAME STREET ADDRESS	SEGAL, EDWARD D 4425 FORTRAN DRIVE			ET ADDRESS					
CITY-ST-ZIP	SAN JOSE, CA-95134			ST-ZIP				1	
TITLE	VSD	☐ Delete	TITLE				Change	Addition -	
NAME	MCCUTCHEON, DOUGLAS				•				
STREET ADDRESS	4425 FORTRAN DRIVE			ET ADDRESS					
CITY-ST-ZIP	SAN JOSE, CA 95134			ST-ZIP				FTI Addison	
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STREET ADDRESS				T ADDRESS					
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NAME	CLAEYS, GREG		NAME						
STREET ADDRESS				T ADDRESS ST-ZIP		متنصمت منه فيضم			
TITLE	7.001114,17.210141	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
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NAME - STREET ADDRESS			NAME STREE	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP	•				
12. I hereby certify that the information supplied with this filling 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.									