



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90123 019 ***550.00

DOCUMENT # F02000001938					
1. Entity Name METRON TECHNOLOGY DISTRIBUTION CORPORATION					
Principal Place of Business 4425 FORTTRAN DRIVE SAN JOSE, CA 95134			Mailing Address 4425 FORTTRAN DRIVE SAN JOSE, CA 95134		
2. Principal Place of Business 655 River Oaks Parkway Suite, Apt. #, etc.		3. Mailing Address 655 River Oaks Parkway Suite, Apt. #, etc.			
City & State San Jose CA Zip: 95134 Country: USA		City & State San Jose CA Zip: 95134 Country: USA		4. FEI Number 77-0267793	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SEGAL, EDWARD D 4425 FORTTRAN DRIVE SAN JOSE, CA 95134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GARRY BRENT GAMMON 2881 SCOTT BLVD PO BOX 58039 SANTA CLARA CA 95050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCCUTCHEON, DOUGLAS 4425 FORTTRAN DRIVE SAN JOSE, CA 95134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRY SANG QUAN 2881 SCOTT BLVD PO BOX 58039 SANTA CLARA, CA 95050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICCIO, DENNIS 4425 FORTTRAN DRIVE SAN JOSE, CA 95134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN ANSELL 2881 SCOTT BLVD PO BOX 58039 SANTA CLARA, CA 95050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNER FINSTERBUSCH 655 RIVER OAKS PARKWAY SAN JOSE, CA 95134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH J. SWEENEY 2881 SCOTT BLVD PO BOX 58039 SANTA CLARA, CA 95050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			05/17/2005 (408) 235-4611 Date Daytime Phone #		

Garry Brent Gammon - CFO & Secretary