
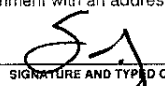


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90017 026 ***558.75

DOCUMENT # F03000005627 1. Entity Name SYNNEX CORPORATION					
Principal Place of Business 3797 SPINNAKER COURT FREMONT, CA 94538			Mailing Address 3797 SPINNAKER COURT FREMONT, CA 94538		
2. Principal Place of Business 44201 NOBEL DR. Suite, Apt. #, etc.			3. Mailing Address 44201 NOBEL DR. Suite, Apt. #, etc.		
City & State FREMONT, CA.			City & State FREMONT, CA.		
Zip 94538		Country USA		4. FEI Number 94-2703333	
5. Certificate of Status Desired <input checked="" 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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <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	PD HUANG, ROBERT 3797 SPINNAKER COURT FREMONT, CA 94538	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	44201 NOBEL DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO POLK, DENNIS 3797 SPINNAKER COURT FREMONT, CA 94538	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	44201 NOBEL DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEUNG, SIMON 3797 SPINNAKER COURT FREMONT, CA 94538	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	44201 NOBEL DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOHN, YOUNG 3797 SPINNAKER COURT FREMONT, CA 94538	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	44201 NOBEL DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFFENSEN, DWIGHT 3797 SPINNAKER COURT FREMONT, CA 94538	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	44201 NOBEL DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYNNE, DAVID 3797 SPINNAKER COURT FREMONT, CA 94538	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	44201 NOBEL DR.
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			Date		Daytime Phone #