

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005627

1. Entity Name
SYNNEX CORPORATION



Principal Place of Business

**44201 NOBEL DR
FREMONT, CA 94538**

Mailing Address

**44201 NOBEL DR
FREMONT, CA 94538**



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2703333

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 (SEE IF APPLICABLE)

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD
NAME	HUANG, ROBERT
STREET ADDRESS	44201 NOBEL DR
CITY-ST-ZIP	FREMONT, CA 94538
TITLE	CFO
NAME	POLK, DENNIS
STREET ADDRESS	44201 NOBEL DR
CITY-ST-ZIP	FREMONT, CA 94538
TITLE	S
NAME	LEUNG, SIMON
STREET ADDRESS	44201 NOBEL DR
CITY-ST-ZIP	FREMONT, CA 94538
TITLE	D
NAME	SOHN, YOUNG
STREET ADDRESS	44201 NOBEL DR
CITY-ST-ZIP	FREMONT, CA 94538
TITLE	D
NAME	STEFFENSEN, DWIGHT
STREET ADDRESS	44201 NOBEL DR
CITY-ST-ZIP	FREMONT, CA 94538
TITLE	D
NAME	RYNNE, DAVID
STREET ADDRESS	44201 NOBEL DR
CITY-ST-ZIP	FREMONT, CA 94538

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04/04/05-80047-001 158.75

**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)(f), 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:

Simon Y. Leung
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05
Date

510 668 3668
Daytime Phone #