2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 8:00 am Secretary of State

Principal Place of Business - No P.O. Box # 3. Mailing Address 44/201 NOBEL DR FREMONT, CA 94/538	DOCUMENT # F0300005627 1. Entity Name SYNNEX CORPORATION						01-16-2008	90016 009 ***15	50.00	
A4201 NOBEL DR FREMONT, CA 94538	Principal Place of Business Mailing Address									
Suite, Apt. 4, etc.	44201 NOB	EL DR	44201 N OBEL DR	44201 NOBEL DR						
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City & State Country Country S. Country S. Cartificate of Status Desired \$8.7 Additional Property and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Steel Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The abover named entity submits the statement for the purpose of changing its registered office or registered agent, or both in the State of Fortida. I am familiar with, and acceptate the originations of registered agent. Signature of registered agent.	Principal Place of Business - No P.O. Box # Mailing Address									
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CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$15.0.0 After May 1, 2008 Fee will be \$55.0.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PD DIRECTORS OFFICERS AND DIRECTORS 11. TITLE NAME HUANG, ROBERT NAME AU201 NOBEL DR STREET ADDRESS OFFI SYSTEM AU201 NOBEL DR STREET ADDRESS O		6 Name and Address of Current	Pagistored Agent					Fee Require	ed	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatur, lives or pretent name of registered agent and bits it applicable. INOTE Reported Agent systature required among resistance of Florida. I am familiar with, and accept the obligations of registered agent. INOTE Reported Agent systature required agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. INOTE Reported Agent systature required agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. INOTE Reported Agent systature required agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. INOTE Reported Agent systature required agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. INOTE Reported Agent systature required agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. INOTE Reported Agent systature required agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. INOTE Reported Agent systature required agent, or both. In the State of Florida. I am familiar with, and accept the policy of Florida. INOTE Reported Agent systature required agent agent agent with, and accept the policy of Florida. INOTE Reported Agent systature required agent, or both. In the State of Florida. INOTE Reported Agent systature required agent agent agent agent with, and accept the policy of Florida. INOTE Reported Agent systature required agent ag	1200 SOUTH PINE ISLAND ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable)					
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information				I						

indicated on this report or supplies with this mining goes not quality for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report or suppliemental 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: _

