2007 NOT-FOR-PROFIT CORPORATION

Feb 23, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # F04000006501 02-23-2007 90022 030 ****70.00 GLOBAL TECHNOLOGY DISTRIBUTION COUNCIL INCORPORATED Principal Place of Business Mailing Address 40023245 141 BAY POINT DRIVE N.E. 141 BAY POINT DRIVE N.E. ST. PETERSBURG, FL 33704 ST. PETERSBURG, FL 33704 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 33-0821101 City & State Applied For Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CURRAN, TIM** Street Address (P.O. Box Number is Not Acceptable) 141 BAY POINT DRIVE N.E. ST. PETERSBURG, FL 33704 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change · TITLE ☐ Delete TITLE ☐ Addition NAME CURRAN, TIM NAME STREET ADDRESS 141 BAY POINT DRIVE N.E. STREET ADDRESS CITY-ST-7IP ST, PETERSBURG, FL 33704 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE RYAN, GREGORY R ESQ. NAME NAME STREET ADDRESS 800 WEST SIXTH STREET, SUITE 320 STREET ADDRESS LOS ANGELES, CA 90017 CITY-ST-7IP CITY-ST-7IP Delete Greg Spiezlel Change TITLE TITLE ☐ Addition RAYMUND, STEVE Ingram hiora Inc. NAME NAME 1600 E. ST. Ambreus Place STREET ADDRESS 5350 TECH DATA DR STREET ADDRESS CITY-ST-7IP CLEARWATER, FL 33760 CITY-ST-7IP SANTA ANNA, CA 92705 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Detete TΠIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME

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 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 617, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED